

**"A study to assess the knowledge of women, regarding  
menopausal symptoms and its management in selected villages  
under Mugalur community health training centre, Bangalore with a  
view to prepare an information booklet"**

**by**

**A.V.ANNAMMA (SR.JOSSY.MSA)**

**Dissertation submitted to the  
Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka.**

**In partial fulfilment  
of the requirement for the degree of**

**Masters of Science in Nursing**

**in**

**Community Health Nursing**

**Under the guidance of**

**Prof. Mercy P.J.**

**Head of the Department Community Health Nursing.**

**St. John's College of Nursing**

**St. John's National Academy of Health Sciences**

**Bangalore-560034**

**Karnataka**

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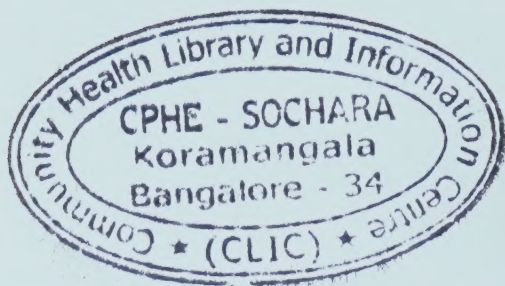
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**2011**





**Rajiv Gandhi University of Health Sciences, Bangalore, karnataka.**

**DECLARATION BY THE CANDIDATE**

I here by declare that this dissertation/ thesis entitled “A study to assess the knowledge of women, regarding menopausal symptoms and its management in selected villages under Mugalur community health training centre, Bangalore” with a view to prepare an information booklet, is a bonafide and genuine research work carried out by me under the guidance of **Mrs.Mercy P.J, Professor and HOD,** Department of Community Health Nursing, St. John’s College of Nursing Bangalore.

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**Place: Bangalore**

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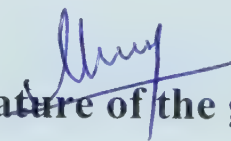


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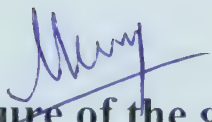
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Prof. Mercy P.J

Head of the Department

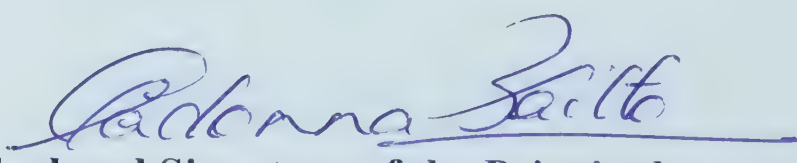
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Place: Bangalore

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## LIST OF ABBREVIATIONS USED

1.	SD	Standard Deviation
2.	%	Percentage
3.	SL.No	Serial Number
4.	IMS	Indian Menopause Society
5.	HRT	Hormon Replacement Therapy
6.	SNDT	Shreemati Nathibai Damodar Thackersey Women's University
7.	MHB	Maharashtra Housing Board
8.	NGO	Non Governmental Organization
9.	RMO	Resident Medical Officer
10	HOD	Head Of the Department



## ABSTRACT

According to IMS (Indian menopause society) research there are about 65 million Indian women over the age of 45. Average age of menopause is around 48 yrs but it strikes Indian women as young as 30-35 years. So menopausal health demands even higher priority in Indian scenario<sup>14</sup>.

The experts opine that there are very little health programmes available for menopausal women to meet their health needs. The existing health programmes cater to the needs of antenatal, intra-natal and post-natal woman. There are only few educational programmes or awareness programmes available for the women to identify the menopausal symptoms at the earliest and provide care and support to the woman, also encourage them to use the alternative measures so that they may be able to lead a happy and productive life.

The investigator through her discussion with rural women and the literature review realized that there is a felt need to make the women in rural areas aware of menopausal symptoms and its management. Most of them considered menopause as a normal physiological process but were not aware of physiological and psychological changes taking place during this period. As a result of this inadequate knowledge some women and their family members go through a lot of difficulties, sufferings and a poor quality of life. Which can be prevented by merely educating them. This study would help the investigator to gain an insight to the knowledge possessed by the menopausal women, and enable her to develop an information booklet which would provide information regarding signs and symptoms of menopause and its management.





## **Objectives of the Study**

1. To assess the knowledge of women regarding menopausal symptoms and its management.
2. To determine the association between knowledge level and selected baseline variables of the women.
3. To prepare an information booklet on menopausal symptoms and its management

## **Methods**

The research approach adopted for this study was a descriptive research design. The area, which is selected for the study was six villages under the Community Health Training Centre Mugalur, Bangalore. 140 women selected between the age of 39-59 years randomly using lottery without replacement method. House to house visit was conducted by the investigator and interview was carried out by using structured questionnaire. The collected data was analyzed using descriptive statistics.

## **RESULTS**

The findings of the study revealed that most 126 (90%) of the women had inadequate knowledge regarding menopause. 1 (0.7%) had adequate knowledge. There was a significant association between the knowledge levels and education at  $p < 0.05$ .





### **Interpretation and conclusion**

Out of 140 women were interviewed 126 (90%) of them had inadequate knowledge regarding menopause. 94 (70%) women were illiterates. 13 (9.3%) had moderately adequate knowledge. The investigator hopes that the information booklet prepared will help to impart knowledge regarding menopausal symptoms and its management.

### **Key words**

Menopause, Knowledge, menopausal symptoms, management.



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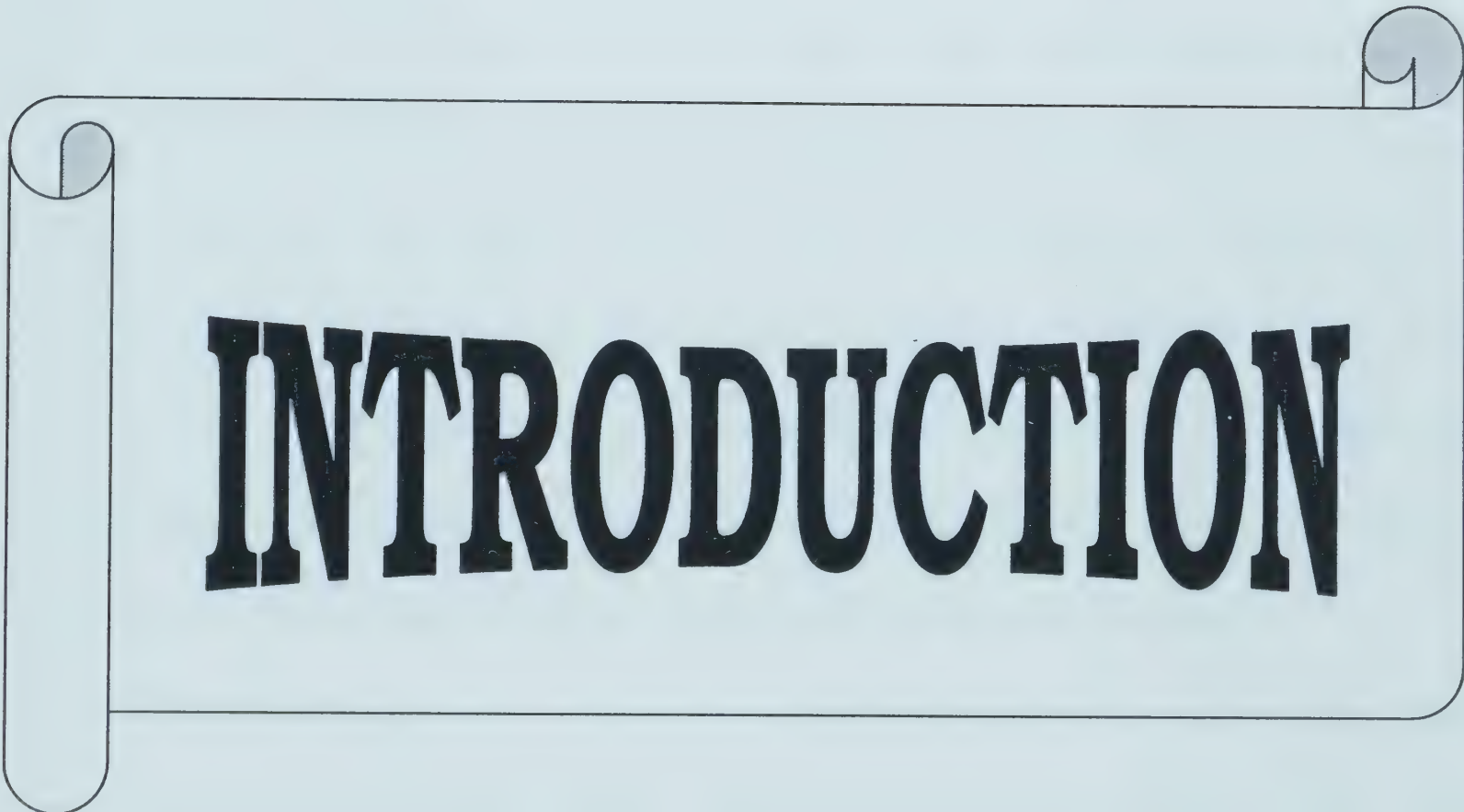


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# **INTRODUCTION**





# 1.INTRODUCTION

## Background

Menopause is a normal part of a woman's life. It is the time in women's life when reproductive capacity ceases. The ovaries stop producing steroid and peptide hormones falls<sup>1</sup>. According to the 2001 census, in India there were 54 million women who are above the age 50 years, and this number is going to increase drastically in the forth coming years. A total of 130 million Indian women are expected to live beyond the menopause in to old age by 2015. Menopause is the signal indicating the approach of the of the third phase of life, just as the beginning of the menstrual cycle indicates that a woman is entering the second or the fertile phase of womanhood, from childhood. Every woman who reaches fifty must pass through this period of life. However, multiple health issues that emerge during this phase of life demand basic understanding of the underlying mechanisms of reproductive ageing. The dread of menopause starts with a volatile of physical and psychological changes<sup>2</sup>.

For middle age women this loss is a critical issue as it represents the end of fertility and onset of aging process. Owing to lack of oestrogen, women during menopause may experience compromised physical wellbeing and climacteric symptoms such as mucosal dryness, hot flushes, night sweats and emotional fluctuations. Numerous factors including menopausal status, social background, and education, physical and emotional health may influence women's knowledge and beliefs about menopause<sup>1</sup>. Knowledge about menopausal symptoms has been studied in varied population. It is important for medical care providers to educate women about menopause, its symptoms, treatment and consequences. This effort will help in increasing public awareness which results in significant improvement in women's life<sup>2</sup>.



Usually in their forties, a woman's body starts changing. Some differences, such as thickening waist, can happen because she is getting older, but others, like vaginal dryness, are caused by changes in her hormone levels. It's not easy to identify the menopausal transition. Along with physical examination, medical history and blood test provides useful clues. But, it is not possible to predict exactly when a woman's final period will be<sup>1</sup>.

## **Need for the Study**

Since Biblical times cessation of menstruation is seen as one of the vital event in a woman's life. Women undergo significant changes in her life during this period. At the end of her reproductive years the body and psyche experience physical and emotional changes. Women now live longer and aging carries with it the baggage of degenerative changes in all tissue systems of the body. In addition, these women are also subjected to the fallouts of an aging ovary- viz., oestrogen and progesterone deficiency<sup>1</sup>.

According to IMS (Indian menopause society) research there are about 65 million Indian women over the age of 45. Average age of menopause is around 48 yrs but it strikes Indian women as young as 30-35 years. So menopausal health demands even higher priority in Indian scenario<sup>14</sup>.

In present era with increased life expectancy, women are likely to face long periods of menopause accounting to approximately a third of her life. Menopause is accompanied by biological and psychological changes that affect a women's health and sense of well being. Menopause may be smooth experience for some women with only symptoms of cessation of menstrual flow while others face one or more post menopausal symptoms. But there is lack of awareness of its cause, effect and





management. A wide gap in the knowledge has been documented in the women from developed and developing countries and this gap is even wider in women from rural and urban area in developing countries. The prevalence of menopausal symptoms varies widely not only between individuals in the same population but also between different populations<sup>14</sup>.

Hot flushes, night sweats and insomnia are considered to be characteristic symptoms of menopause. Many understand these changes, accept them and do not seek help. For 10-15% of women the changes are severe and interfere markedly with their ability to perform daily functions<sup>2</sup>. A review of currently available literature shows that literature is limited in defining menopause symptoms and its variability among the population. Research in this area would contribute for a more comprehensive array of symptoms and would improve knowledge of women in this aspect<sup>15</sup>.

To determine the knowledge and attitude towards menopause among postmenopausal women, a descriptive cross sectional study based on sample of convenience was conducted at outpatient services of Jinnah Medical College Hospital Karachi. 102 postmenopausal women who came to outpatient department of Jinnah Medical College Hospital Karachi as a patient or as an attendant were interviewed after taking verbal consent. Socio-demographic characteristic knowledge and attitude towards menopause were collected through a structured pretested questionnaire. The mean age of respondents was 55.1 +/- 10 years (range 40-75 years). The mean age at menopause was 47.4 +/- 3.3 years. Majority of respondents belonged to poor social economic class (75.5%) and 62 (6.8%) had received no formal education 97% of women heard about menopause and 29.4% were aware of the symptoms. Four (3.92%) knew the long term implication of menopause. Most of respondents (94%)





did not consider menopause to be a medical condition but a normal transition. Majority of respondent had positive (47%) or neutral (39.2%) attitude towards menopause. Majority of women lacked sufficient knowledge on menopause. Women's attitude towards menopause showed that majority considered it a natural event and not a medical condition<sup>4</sup>.

A descriptive cross-sectional survey of 215 premenopausal and post-menopausal low income women was carried out to characterize knowledge of menopause and factors associated with knowledge level. Socio demographics characteristics and knowledge about menopause was collected through a structured interview. Results revealed a general lack of knowledge about menopause<sup>5</sup>.

Menopausal woman make up a relatively small proportion of the population in developing countries (ranging from 5%-8%). Whereas in developed countries they make up over 15% of the total population, an average annual growth rate of 2-3.5% in the number of women aged over 50 is projected for the developing regions between 1990 and 2030<sup>4</sup>. The study based on the 1998-99 National Family Health Survey-drew samples from 100,000 women in the age band of 15-50 years, across 26 states. The study revealed that Indian women fare abysmally with regard to their menopausal health. While the percentage of young menopausal women was the highest in the Andhra Pradesh at 31.4 percent, Bihar (21.7 %) and Karnataka (20.2 %) were on better. Kerala (11.6 %) was a tad better while West Bengal (12.8%) and Rajasthan (13.1%) were just a rung lower. Overall, the percentage of women hit by premature menopause is marginally lower in urban areas (16.1%) as against rural (18.3%)<sup>12</sup>. As menopausal health demands priority in Indian scenario due to increase in life expectancy and growing population of menopausal women, large effort are required to educate and make these women aware of menopausal symptoms, this will help in



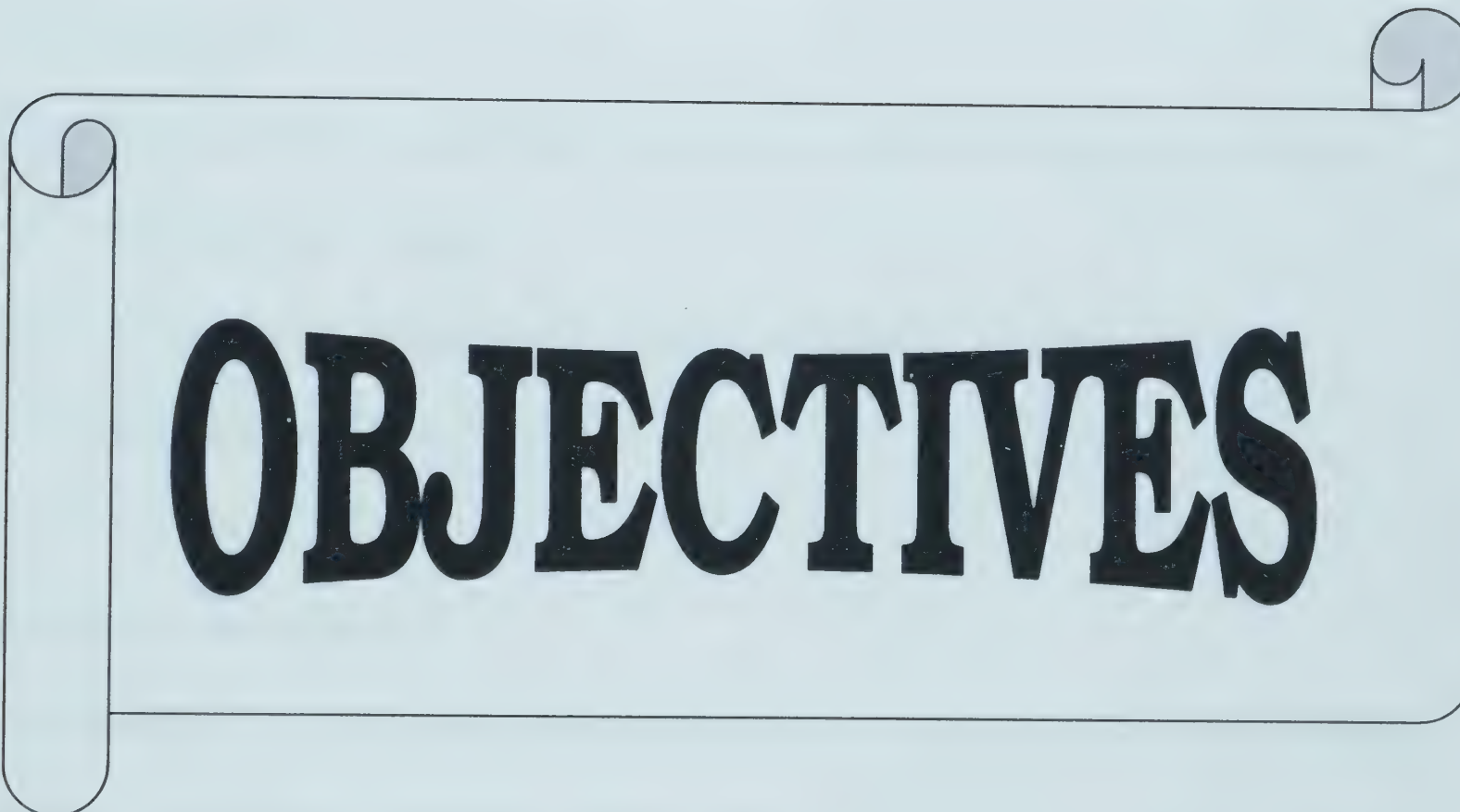


early recognition of symptoms, reduction of discomfort and fears and enable to seek appropriate medical care if necessary<sup>13</sup>.

The experts opine that there are no health programmes available for menopausal women to meet their health needs. The existing health programmes cater to the needs of antenatal, intra-natal and post-natal woman. There are no educational programmes or awareness programmes available for the women to identify the menopausal symptoms at the earliest and provide care and support to the woman, also encourage them to use the alternative measures so that they may be able to lead a happy and productive life.

The investigator through her discussion with rural women and the literature review realized that there is a felt need to make the women in rural areas aware of menopausal symptoms and its management. Most of them considered menopause as a normal physiological process but were not aware of physiological and psychological changes taking place during this period. As a result of this inadequate knowledge some women and their family members go through a lot of difficulties, sufferings and a poor quality of life. Which can be prevented by merely educating them. This study would help the investigator to gain an insight to the knowledge possessed by the menopausal women, and enable her to develop an information booklet which would provide information regarding signs and symptoms of menopause and its management.



A decorative graphic of a scroll with a black outline and a light gray fill. The scroll is unrolled in the center, with the word "OBJECTIVES" written on it. The left end of the scroll is rolled up, and the right end is also rolled up, with a small circular detail at the top right corner.

# **OBJECTIVES**





## 2. OBJECTIVES

### **Problem statement**

A study to assess the knowledge of women, regarding menopausal symptoms and its management in selected villages under Mugalur community health training centre, Bangalore with a view to prepare an information booklet.

### **Objectives of the Study**

1. To assess the knowledge of women regarding menopausal symptoms and its management.
2. To determine the association between knowledge level and selected baseline variables of the women.
3. To prepare an information booklet on menopausal symptoms and its management.

### **Operational Definitions**

1. **Knowledge:** In this study knowledge refers to the information and awareness regarding menopausal symptoms and its management the women possess which is measured by the response to the items on the structured interview schedule and scored.
2. **Menopause:** In this study menopause refers to the permanent cessation of menstruation which is recognized to have occurred after twelve consecutive months of amenorrhea for which there is no other obvious pathological or physiological cause.



**3. Menopausal Symptoms:** It refers to the reported physical changes (increased body weight, hot flush, vaginal dryness, increased frequency of urination, headache and palpitation) and psychological changes (irritability, anxious, feeling more tired than usual, easily crying, feeling you are old, criticizing very often) the women experience.

**4. Women:** In this study it refers to the females who are between the age of 39-59 years and residing in the villages under Mugalur Community Health Training Center.

**5. Villages:-**In this study, it refers to selected villages that come under Community Health Training Center, Mugalur, Sarjapur PHC, Anekal Thaluk.

**6. Baseline variables:** In the study it refers to age, educational qualification, marital status, age of menopause if attained and socioeconomic status

**7. Management:** In this study, the term management refers to the alternative measures in terms of exercise, diet, relaxation measures adopted by women to overcome menopausal symptoms.

**8. Information Booklet:** Booklet containing information related to meaning, causes, signs & symptoms and its management (Exercise, diet, relaxation measures adopted by women to overcome menopausal symptoms).

### **Assumption**

- ❖ During the menopausal period women experience certain physical and psychological changes.
- ❖ Women may have some knowledge about menopausal symptoms.





## **Conceptual framework**

Conceptualization is the process of forming ideas, design and plan (Treece, and Treece, 1986). Conceptual framework refers to the process of referring general or abstract ideas, which are formulated by generalizing from particular manifestations of certain behaviors or characteristics. These abstracts are referred to as concepts.

As a framework for determining the knowledge regarding menopause and its management, the Health Belief Model (Rosenstock 1974 and becher and Maiman, 1978) has been applied in this study<sup>33</sup>.

The model provides a way of understanding and practicing how clients will behave in relation to health care therapy. This model proposes that people will not attempt to undertake preventive practices unless they believe that they are susceptible and vulnerable to disease or believe that the disease is threatening to some aspects of their lives.

Proponents of the Health Belief Model contented that individuals will take action to avoid disease conditions. These actions are motivated by

- Perceived benefits of preventive health behavior; and
- Perceived barriers to take action to prevent disease complications.

## **Individual Perception**

The first component in their model involves an individual's perception of susceptibility to illness. In this study, individual perceptions include knowledge regarding menopausal symptoms and its management.



## **Modifying factors**

The second component is the individual perception of the seriousness of the illness. This is influenced and modified by demographic and socio-psychological variables, perceived threat to illness and cues to action.

**The perception of the knowledge of women is affected by:**

**A] Demographic variables:**

Age, marital status, age of menopause.

**B] Structured variables:**

- Knowledge of women regarding menopause.
- Management of menopausal symptom

**C] Socio-economic variables:**

- Education
- Socio economic conditions
- Income.

**D] Cues to action**

Information booklet will give a clear understanding of menopausal signs and symptoms and its management. Thus women are encouraged to use remedial measures to cope with the management of the symptoms.





## **Likelihood of action**

In the first factor, women perception of susceptibility to illness varies. In this study menopausal women need to recognize the importance of getting knowledge regarding menopausal symptoms. The knowledge of her menopausal symptoms reduces fear and this in turn reduces the complications which can occur as the years go.

The second factor is the modifying factors the perception can be influenced and modified by demographic variables. In this study it includes name, age, religion, education, socio economic condition etc.

Third factor the likelihood of taking preventive action is influenced by her knowledge and socio cultural barriers and beliefs.

According to Health belief model. Modifying variables can help explain variations in participants knowledge about menopausal symptoms. The modifying factors also help perceive the susceptibility seriously and threat that can influence modified action.

The third component is the likelihood of action. A person takes preventive action based on her/his perception of benefits of taking that particular action. If the perceived benefits outweighed the perceived barriers, the individual is likely to take preventive action to improve their health.

In this study, the perceived benefits may be positive attitude towards menopause and better understanding to adapt the remedial measures to manage the symptoms and thus progressive in their daily life by communicating the gained knowledge with family members and friends.

Thus the Health Belief Model helps to understand the factors influencing client's perceptions, beliefs and behaviors and information Booklet will effectively promote and maintain health and prevent illness.



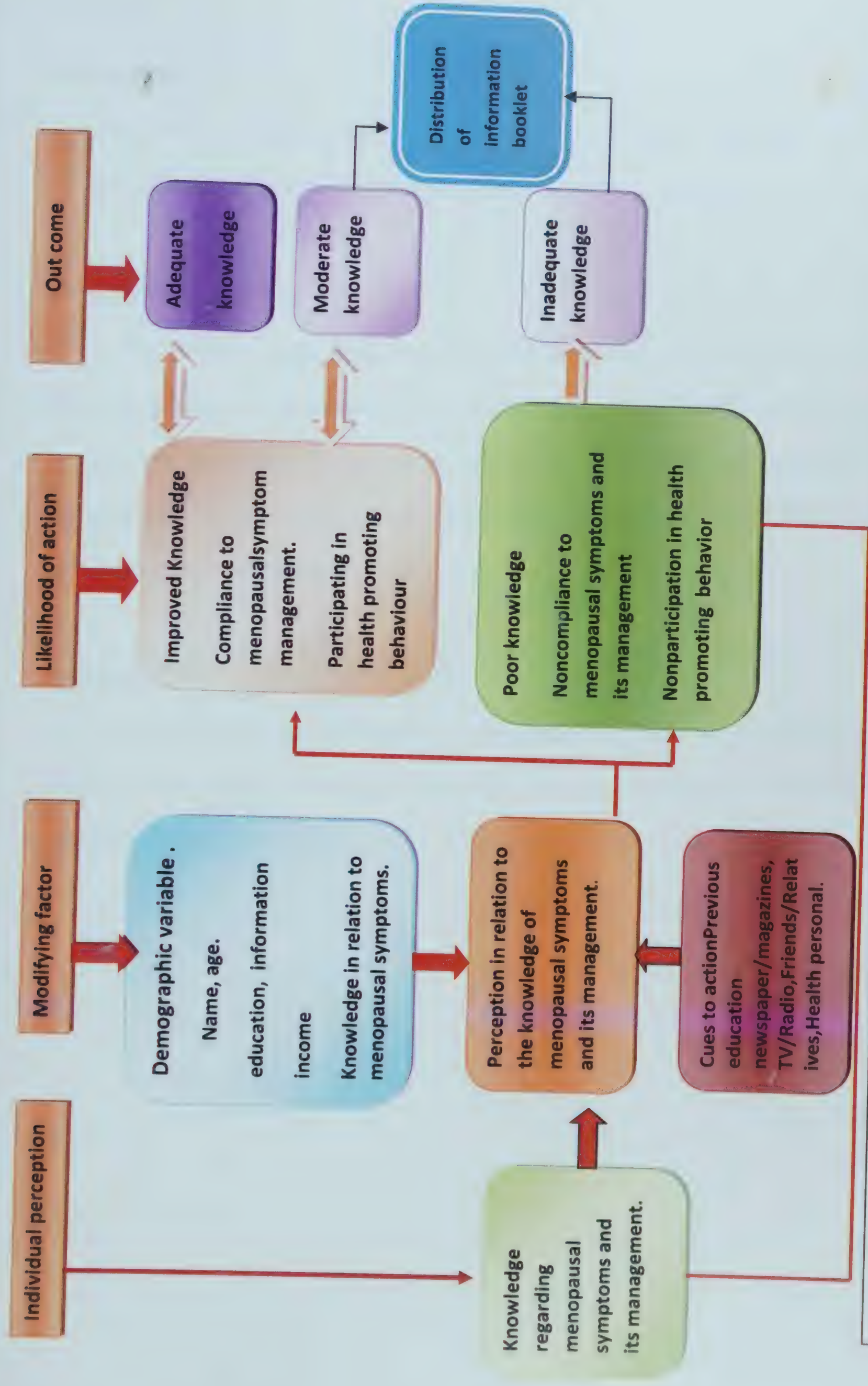


Figure 1: Conceptual framework based on Rosentochs (1974). Becker and Maimans health belief model







## **Delimitations**

The study will be limited to women between the age of 39-59 years in selected villages under Community Health Training Centre Mugalur in Bangalore

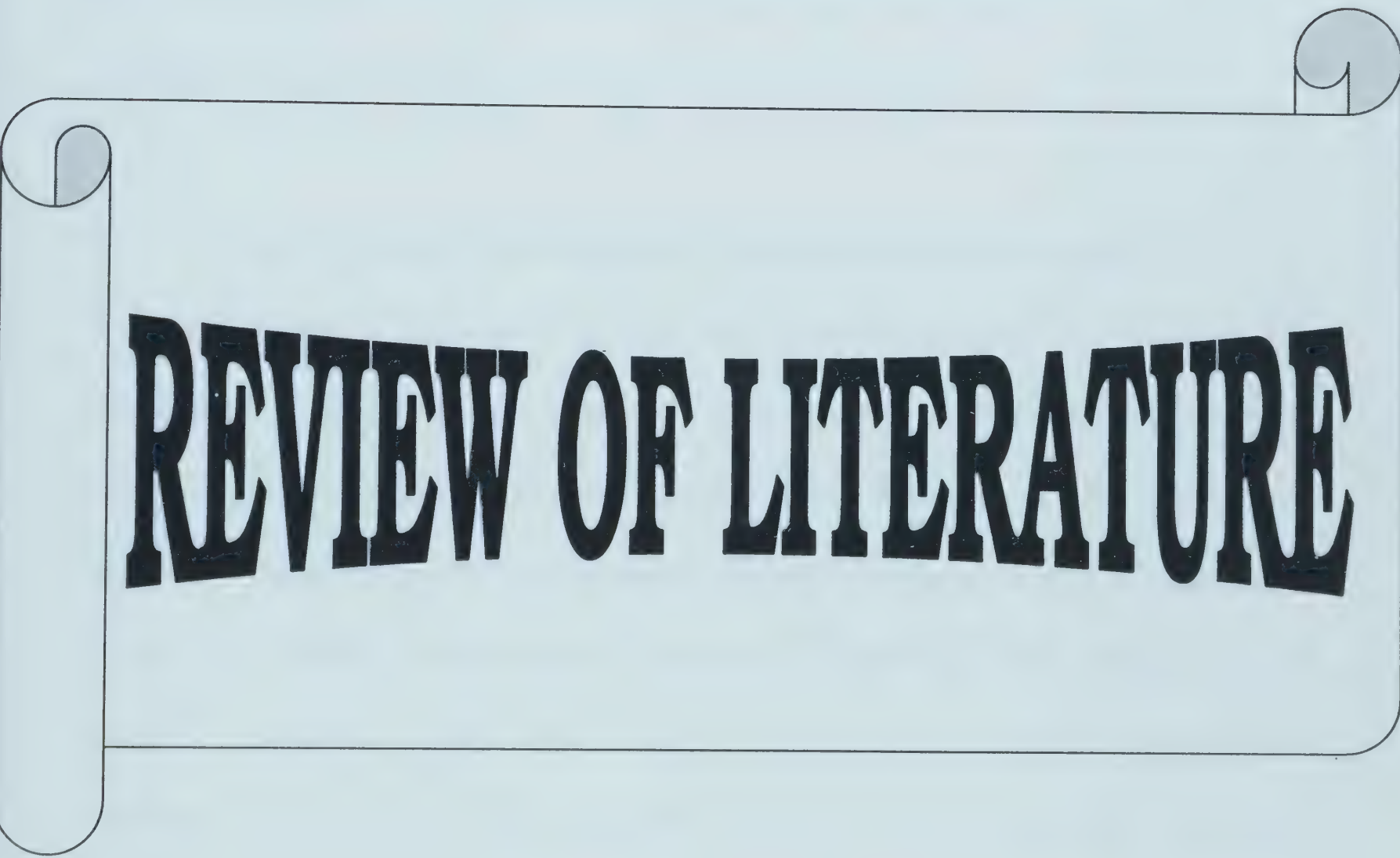
## **Projected outcome**

The findings of the study will reveal the knowledge level of rural women regarding menopausal symptoms and its management. These findings will form a basis for the investigator to develop an information booklet regarding menopausal symptoms and its management and thus improve the life quality of rural women who are suffering with this problem.

## **Summary**

This chapter dealt with the introduction, need for the study, statement of the problem, objectives, operational definitions, assumptions, conceptual frame work, delimitation and projected outcome.



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# REVIEW OF LITERATURE





### 3. REVIEW OF LITERATURE

The Review of literature provides a basis for further investigation into the problem and intensifies the need for data collection with the hope to establish a comprehensive body of scientific knowledge. The investigator has reviewed various research studies and organized the related literature as follows.

- 1) Studies related to knowledge of women regarding menopause.
- 2) Studies related to menopausal experience among women.

#### 1) **Studies related to knowledge of women regarding menopause.**

A community mail-based survey was conducted among 665 women. The objective of the study was to find out the source of information about menopause and knowledge of health risk associated with menopause. The results of the study shows that women received information from many sources, including health care providers, friends, and mothers, but the number one source of information about menopause was women's magazines (76%). Over half of women-surveyed said they had left healthcare appointments with unanswered questions about menopause. Although women seem to have a basic understanding about the symptoms of menopause, their knowledge of the long-term health risks affected by menopause was poor. Knowledge regarding risk of osteoporosis is 60% and risk of heart disease is 30%. Study suggests that better education about menopause needs to be accomplished regarding risk associated with menopause<sup>6</sup>.

A cross sectional survey based study conducted to determine the knowledge and attitude of women towards menopause and symptoms experienced by post menopausal women in Pakistan among 863 women. Mean age of the respondents was





55.05.78% of the women had little knowledge about menopause, while 15.8% of the women knew about symptoms of menopause. 78% women considered menopause as a natural process, while 21 % perceived it as a disease. 59% of the women were uneducated. Frequently reported symptoms were back ache, body aches and insomnia. Hot flushes and night sweats were also common. The study concluded that majority of the women were unaware of menopausal symptoms and its health effects. Most of them considered it as a natural process of ageing though bothered by symptoms but did not go for consultation due to lack of awareness and poverty<sup>13</sup>.

## **2) Studies related to menopausal experience among women.**

A study was conducted among 25 menopausal women living in rural areas in Nova Scotia, Canada. Participants were interviewed in focus groups and individual sessions conducted during 2006. Verbatim transcripts of the interviews were analyzed using thematic analysis. Women living in rural communities described the need to understand fully the intensity of menopause-related symptoms including changes to their physical and mental well being. They described the menopause experience as having a significant impact on their personal relationship and identified social support and humour as their primary coping strategies<sup>8</sup>.

A cross-sectional qualitative online forum study was conducted among 23 mid-life women who self-identified as non-Hispanic whites using convenience sampling. Seven topics related to menopausal symptom experience were used to guide the online forum for 6 months. The study showed that the experience of menopause caused women to redefine themselves within their busy daily life schedules. They were optimistic about their symptoms and tried to laugh at the experience to boost their inner strength and motivate themselves to persevere. In seeking assistance with





symptoms of menopause women were not satisfied with the guidance of their physicians<sup>9</sup>.

A cross-sectional study was conducted among 550 female teachers aged 35 - 55 in Seremban, Negeri Sembilan, Malaysia. The objective of the study was to determine prevalence of menopause and menopausal symptoms. A total of 550 self-administered questions were distributed to teachers selected through simple random sampling of selected schools. The response rate was 78.9%. The prevalence of menopause was 21.9%. There was a high prevalence of skin dryness 44.2%, hot flushes 43.2%, fatigue 41% and excessive sweating 34.7% among the menopausal respondents and there was a significant difference between menopausal and non-menopausal symptoms of respondents  $p < 0.05$ . The prevalence of menopause and each menopausal symptom are high in the present group of women. Improved health care programmes about the menopause might help give women a better quality of life<sup>12</sup>.

A cross sectional study was conducted among the 117 urban women in Jammu to evaluate the menopausal symptoms in women above the age of 40. The study revealed that the mean age of menopause was 45 years. Varying nature of menopausal symptoms along with age was revealed in this study. Symptoms involved vasomotor symptoms, psychological symptoms and rheumatic complaints as experienced by majority of the menopausal women<sup>13</sup>.

A study was conducted on the menopause, Hormone replacement therapy and informed consent: Are women in an under – resourced country adequately aware?”. In this study specific “Knowledge Scores” for menopause and HRT were developed and utilized in structured questionnaires to determine the existing levels of knowledge on 150 women from different racial, educational, and occupational back grounds. 92%



were aware of menopause and 54% were not aware of HRT. Specific overall knowledge about menopause was 39% and HRT was low 38% respectively. There was a significant association between higher education levels, race and occupational status on the knowledge of menopause but not of HRT. Television, Radio, Pamphlets were the preferred sources to gain further information. The study concluded that there is a need to create awareness and provide further education to women in under resourced countries about the menopause and HRT to empower them to make informed choices about their health during this period<sup>20</sup>.

A study was conducted to develop an information booklet for women between the age group of 40 – 60 years. The samples were selected from MHB colony, Malevani, SNDT. Women's University campus, Churchgate Mumbai and a primary school in Pune. A semi structured questionnaire was used to assess the knowledge regarding menopause. 41% of samples had knowledge about the concept of menopause, 44% had knowledge regarding symptoms of menopause, 39% had knowledge regarding problems occurring during the menopausal period, 46% had knowledge regarding the remedial measures for the health problems related to menopause, 45% had knowledge regarding diet and 65% knew the importance of exercise during this period. Only 18% felt the need for the use of contraceptive during the menopausal period. The study concluded that the sample needed information on menopause and its care. Even though the sample had heard and received information on menopause through various sources, their level of knowledge was not adequate. All the women felt that the information on menopause through various sources, their level of knowledge was not adequate. All the woman felt that the information provided in the booklet was beneficial and of practical use for them<sup>16</sup>.







Maharashtra – based non-governmental organization (NGO) “Search”, had conducted a study of hundred post menopausal women. The investigator believes that rural women are “definitely affected by psychosomatic factors but they have so many other problems to deal with that menopause seems less important. So they do not notice it. “As many as 78% of the women Bangi studied did not discuss their menopausal problems with anyone and 90% did not visit a doctor. When husbands found out the menopausal status of their wives at a later stage. 75% of them did not react. The women said that they did not feel the need to inform their husbands since it was not a husband’s business. When asked if there was any change in their level of sexual desire, around 55% of the women said that it had decreased<sup>17</sup>.

A study was conducted on knowledge and attitude towards personal health care and menopause among women with chronic heart disease undergoing coronary angiography. It revealed that half of the study population had smoking habit, were overweight had never tried to lose weight and did not exercise regularly. 68% of the study population had never used hormonal replacement therapy. It was concluded with the suggestion of providing adequate teaching to these menopausal women to promote good health<sup>18</sup>.

A study conducted to identify and describe expectations, apprehensions and knowledge about the menopausal period and climatic symptoms 39 women of 47 years of age were interviewed. The most frequent apprehension expressed by the women were about feeling of heat, hot flushes and sweating. The other problems faced by the women were a feeling of fatigue, tiredness. Osteoporosis and a general feeling of discomfort. The study findings also revealed that the women lacked knowledge about the physical and psychological changes that follow menopause. The

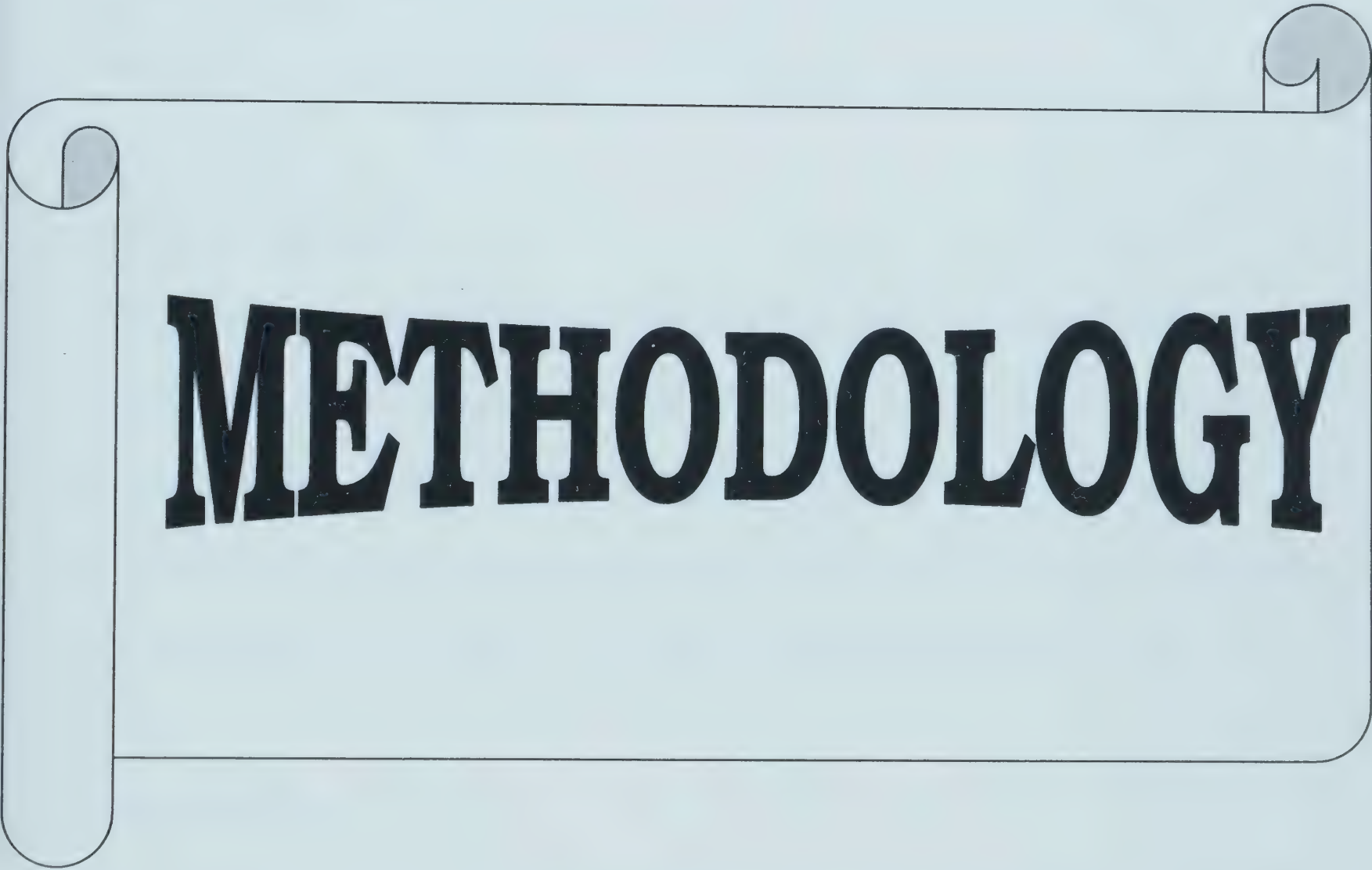


study had suggested that the nurses and mid wives need play an important role in providing information, as well as about the treatment for menopausal symptoms<sup>31</sup>.

The study in Uganda on menopausal health problems of women aged 50 years and above was conducted. A questionnaire was administered to determine women's knowledge regarding menopause. The study revealed that women experienced the menopausal symptoms of hot flushes and menstrual changes as early as 40 years to 53 years. The results also showed that the menopausal women seek treatment from both medical and traditional health care providers. It also revealed that counseling and health education were not part of the treatment regimen for menopausal clinics. Majority of the women gave positive perception of menopause. Some of the coping mechanisms used by them were taking analgesics, taking herbal medicine, becoming devoted to god / divine powers, with drawing from activities of daily living and attending to various medical specialists (Jemimah, 2001)<sup>26</sup>.





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# **METHODOLOGY**



## **4. METHODOLOGY**

The research methodology includes the research approach, research design, setting, population, samples and sampling technique, development and description of the tool, data collection procedure, pilot study and plan for data analysis. It has crucial implications for validity and credibility of the study findings. This chapter gives a brief description of the methodology adopted for the study to assess the knowledge of women regarding menopausal symptoms and its management in selected villages under the Community Health Training Centre Mugalur, Bangalore.

### **Research Approach**

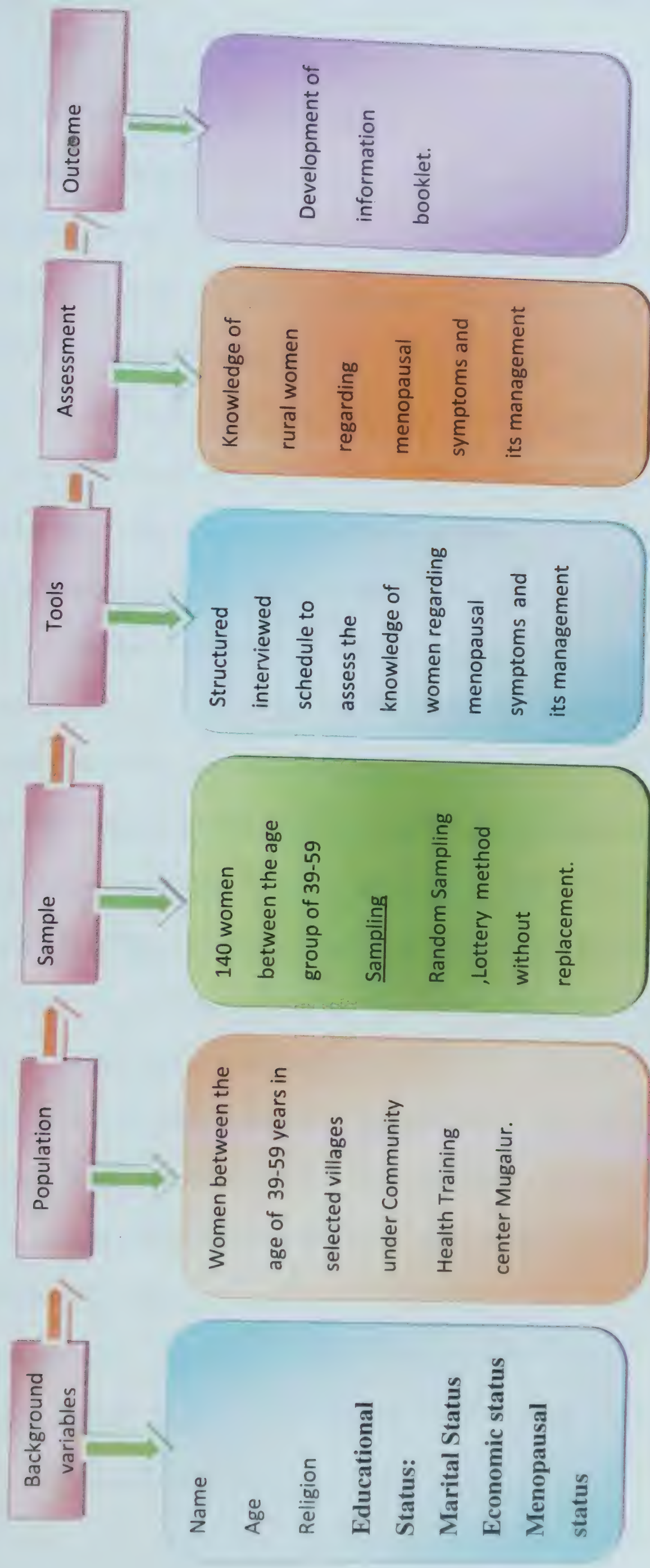
The research approach indicates the basic procedure for conducting research study. A research approach tells the researchers as to what data to collect and how to analyze it. It also assists in answering Specific research questions in the most accurate and efficient way possible. The research approach adopted for this study was a descriptive research approach and found to be consistent with the purpose of the study.

### **Research designs**

The research design depicts the overall plan for organization of scientific investigation. It helps the research in the selection of subjects observation of a type of statistical method to be used to interpret the data. The selection of design depends upon the purpose of the study keeping in view the objectives of the study, the research design selected for the study was a descriptive design.







**Figure 2: SCHEMATIC REPRESENTATION OF RESEARCH DESIGN**



**Setting of the study:** The area, which is selected for the study is six different villages under Community Health Training Center Mugalur.

**Population:** According to Polit and Hungler, population is defined as the entire aggregation of cases that meet a designated set of criteria. The requirement of defining a population for a research study arises from the need to specify the group to which the result of the study can be applied. The population of the present study comprises 396 women between the age of 39-59 years residing at selected villages under the Community Health Training Center Mugalur.

**Sample** .According to the Polit and Hungler, a sample is a small portion of a population selected to participate in research study. In this study, the sample consists of 140 women between the age of 39-59 years in selected villages under the community health training center Mugalur.

**Sample size:** Sample size for the study comprise 140 women between the age of 39-59 years under the selected village of Community Health Training, Center Mugalur.

**Sampling technique:** Sampling refers to the process of selecting a portion of the population to represent the entire population. . Based on the permission obtained from the HOD, Department of Community Health, St. John's National Academy of Health Sciences. RMO St. Johns Community Health Training Center Mugalur, village heads six villages were selected by using random sampling. Out of these six villages 140 women between the age of 39-59 years were selected using random sampling technique for the study.

**Sampling criteria:**

**Inclusion criteria:** Women, between the age of 39 -59 years in selected villages who consent to participate in the study.







**Exclusion criteria:** The women who will not be present during the time of the study.

**Data collection instrument:**

The instrument selected in the research, should be as far as possible the vehicle that would best elicit data for drawing conclusion pertaining to the study. On the basis of the objectives and conceptual frame work of the study, the following instruments were developed to the collect data.

**Section I:** structured interview schedule to elicit baseline data.

**Section II:** structured interview schedule to assess the knowledge of rural women regarding menopausal symptoms and its management.

**Development of the Instrument/ Tool**

The instrument /Tool is the vehicle that would be best obtained for drawing pertinent information for the study .A structured interview schedule was developed based on the objectives of the study. The review of literature on related studies and opinions from experts in the field had helped in the selection and development of the Instrument.

**Description of the Instrument**

**Section 1:** Structured interview schedule to elicit baseline data.

The section consists of 9 items seeking information about name, age, religion, educational status, marital status, age of attaining menopause, information regarding menopause and source of information.



**Section2:** Structured interview schedule to assess the knowledge of menopausal symptoms and its management. It consist of 35 multiple choice items in order to measure the knowledge of women regarding menopausal symptoms and its management. A blue print of items pertaining to the three domain of learning ie, knowledge, comprehension and application were prepared. There were item (16) under knowledge items (12) under comprehension items (8) from Application domain.

### **Tool Validation and Reliability**

#### **Content Validity**

Content validity of the tool was established by 19 experts. Among them 4 doctors and 11 nursing personnel's.

#### **Comments given by experts**

#### **Regarding section II interview schedule on knowledge**

#### **Modify the distracters of items such as:**

Item No: 3, 2<sup>nd</sup> option (6%)

Item No: 6, 4<sup>th</sup> Option (19%)

Item No: 10, 3<sup>rd</sup> Option (20%)

Item No: 20, 2<sup>nd</sup> Option (25%)

Item No: 22, 1<sup>st</sup> Option (15%)

Item No: 25, 2<sup>nd</sup> Option (20%)

Based on the observation and corrections given by the experts, discussion done with guide and tool was modified before reliability test.

Language experts translated the tool to Kannada and back to English.





## **Reliability**

Reliability of the structured interview schedule was established using split half method. The questionnaire was given to 14 women who met the inclusion criteria. The total score was divided into odd and even numbers and correlation was found using pearson's product moment correlation formula. The obtained value of the test was 0.96 and the tool was found to be reliable.

## **Pilot study Details**

The purpose of the pilot study was:

- ❖ To pre test instruments
- ❖ To find out the feasibility of the study
- ❖ To determine the method of data analysis

After obtaining a formal approval from HOD of Community Health Department St. John's National Academy of Health Science Bangalore, the pilot study was conducted in Pandithanagrahara village under Community Health Centre Mugalur on 16/06/2010-18/06/2010. Verbal consent was taken from the women after explaining the details of the study. There were 45 women between the age of 39-59 years. Among them 14 women were selected randomly with lottery method. And based on the structured interview schedule interviews were conducted to elicit the knowledge. The data was tabulated and analyzed with descriptive statistics. The study was found to be feasible to proceed with final study. The result of the pilot study was presented and necessary corrections were made as suggested by the guides and experts.



## **Method of data collection**

A formal permission was obtained from the HOD Department of Community Health St. John's National Academy of Health Science, Bangalore. St. John's Community Health Center caters its services to 11 villages, out of which 6 villages were selected randomly to conduct the main study. The data was collected from 21/06/2010-07/08/2010. List of all the women between the age of 39-59 years were obtained from the Anganwadi teachers of the respective villages. A total of 396 women were present out of which 140 women were selected. A random sampling lottery method without replacement was used to select the sample. Verbal consent was taken from the women after explaining the details of the study and confidentiality of their responses was assured. Then the investigator administered the structured interview schedule to elicit the knowledge. The time spent for each subject was 30-40 minutes.

## **Data Analysis Plan**

The following steps were undertaken for data analysis:

Analysis was done based on the objectives of the study.

Analysis of the data is organized and presented under 3 sections.

Section I: Description of base line variable

Section II: Knowledge of women regarding menopausal symptoms and its management.

Section III: Association between Knowledge score and related base line variable such as age, education, marital status, age of menopause, income, and sources of information.

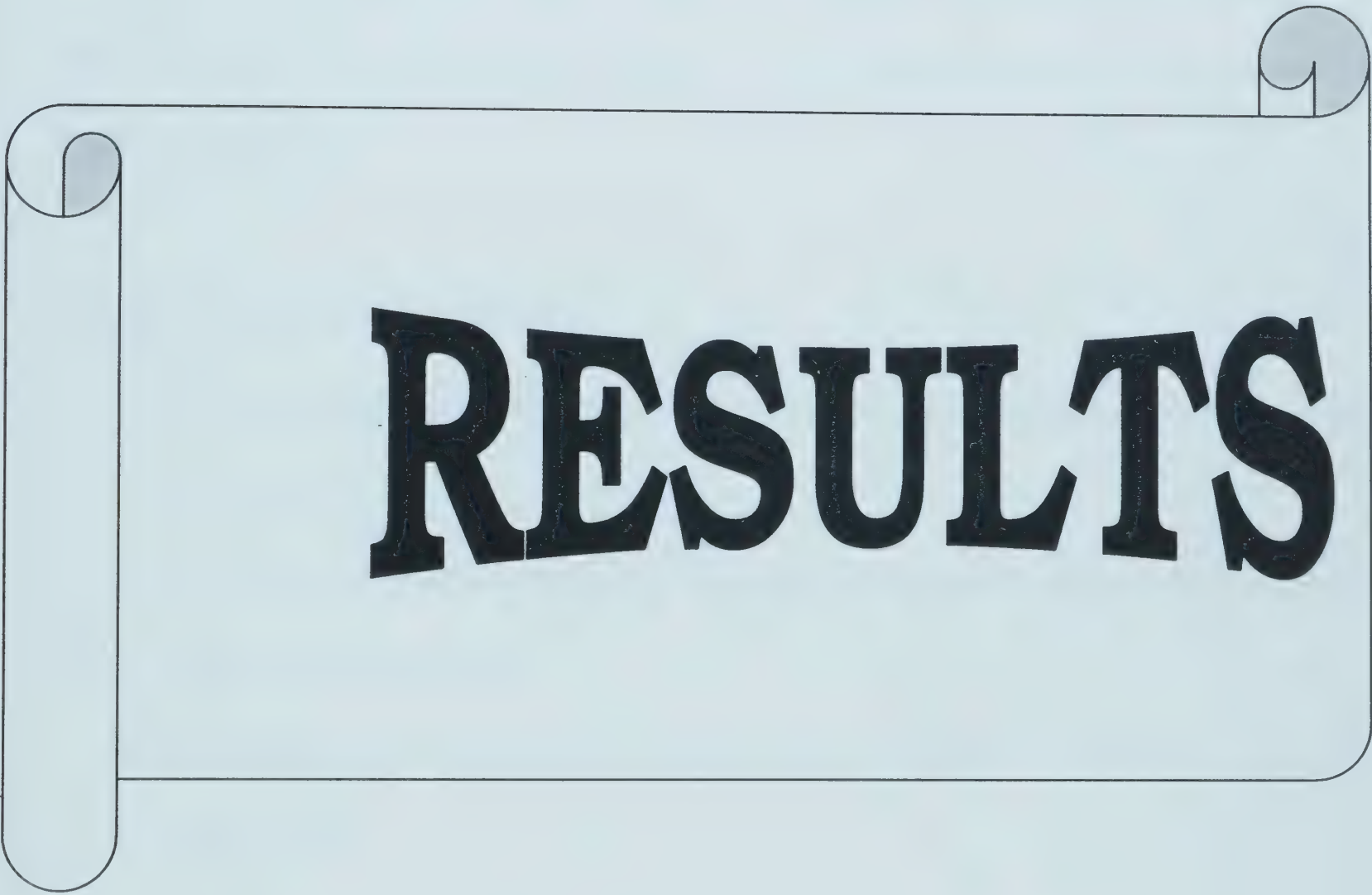




Objectives	Statistical Method
Description of base line variables.	Frequency and percentage.
To assess the knowledge regarding menopausal symptoms and its management.	Frequency, percentage, range, mean, SD,
To associate between knowledge and baseline variables.	Chi-square test

RESULTS



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# RESULTS





## **5. RESULTS**

This chapter deals with analysis and interpretation of the data collected from 140 rural women from the villages under Community Health Training Center Mugalur. An important function of the process of the interpretation is to link the findings of the study to the main stream of scientific knowledge in the field. The analysis and interpretation of data is based on objectives of study and it is organized under three sections.

### **OBJECTIVES OF THE STUDY:**

- ❖ To assess the knowledge of women regarding menopausal symptoms and its management.
- ❖ To determine the association between knowledge level and selected baseline variables of the women.
- ❖ To prepare an information booklet on menopausal symptoms and its management.

### **PRESENTATION OF DATA:**

The obtained data were entered in the master sheet for tabulation and statistical processing. The analysis of the data was organized and presented under the following sections.

#### **Section I**

Description of selected baseline variables.

#### **Section II**

Describes the distribution of women based on their knowledge scores.



## Section II

Describes association between knowledge and selected baseline variables.

### Statistical method:

The data were analyzed as follows. First, the descriptive statistics were computed. This include range median, mode, standard deviation for quantitative variables and category frequency and percentage for qualitative variables. Class intervals frequencies were obtained, wherever considered useful. Next, inferential statistical analysis was undertaken as described below.

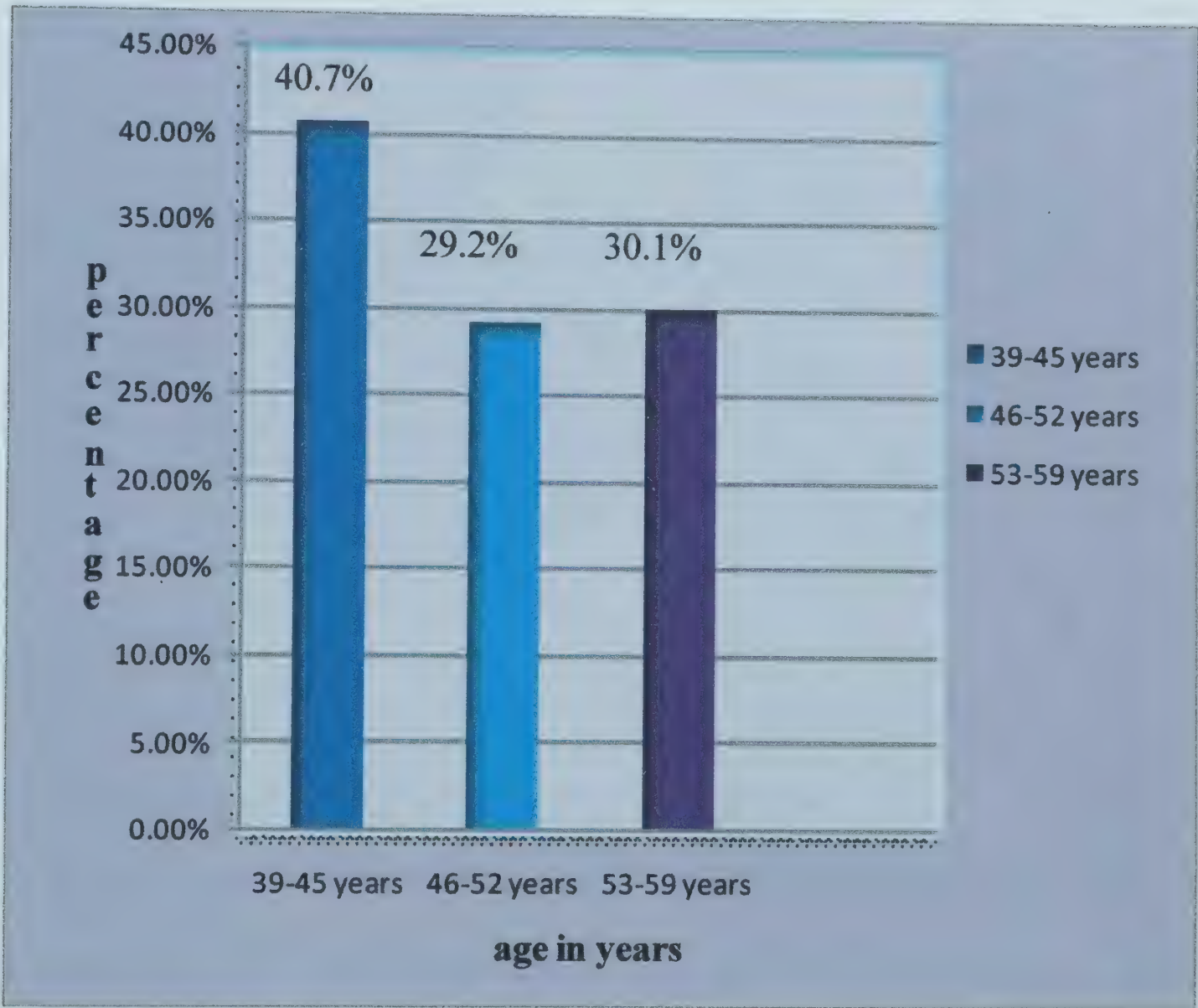
The chi square test was used to test the association between two events in binomial or multinomial samples. It is most commonly used when data are in frequencies such as in the number of responses in two or more categories. It measures the probability of association between two discrete variables.

Alpha for significance for all inferences was set at  $p < 0.05$ .





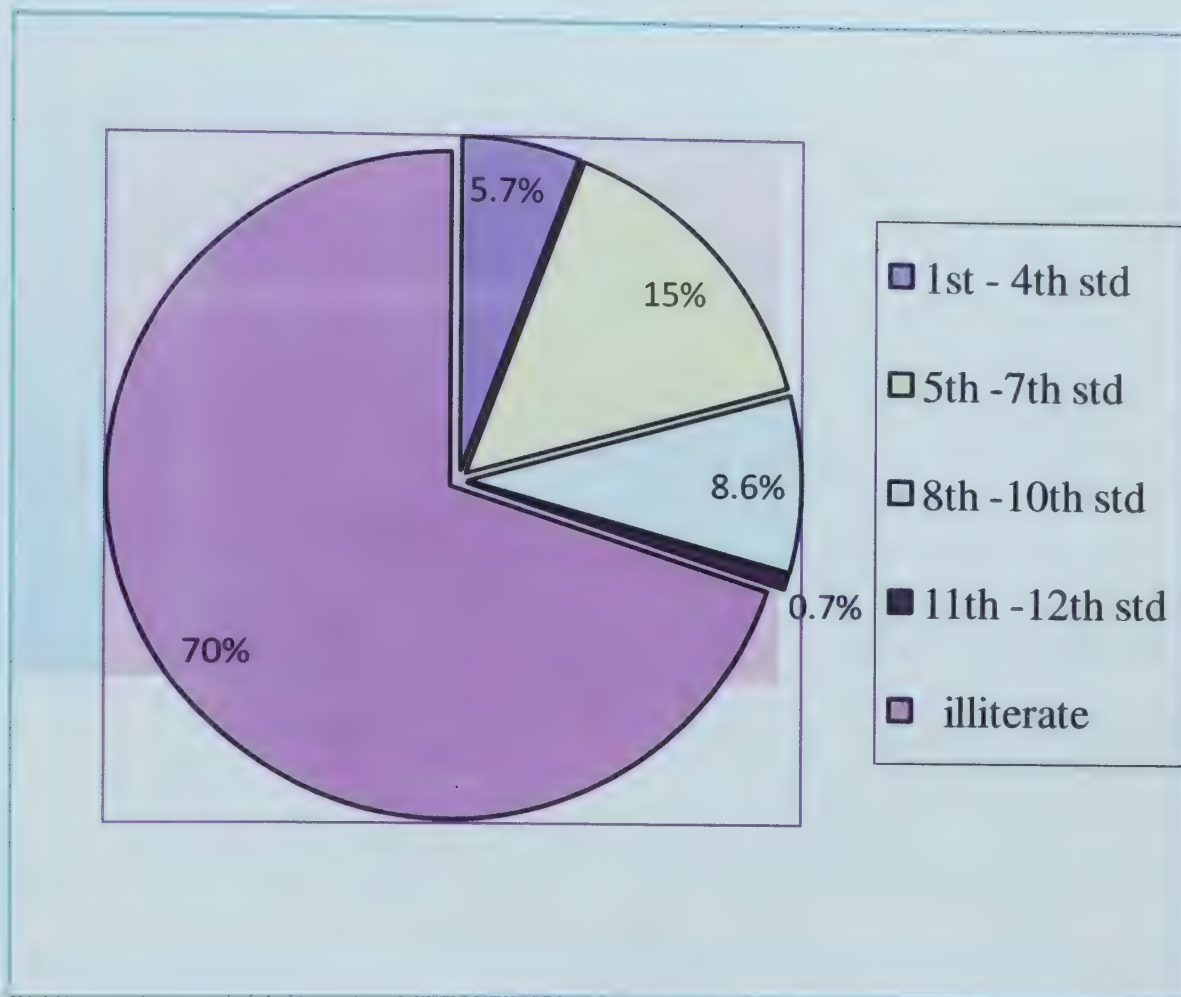
**SECTION 1: DESCRIPTION OF BASELINE VARIABLES OF MENOPAUSAL WOMEN**



**Figure 3: Distribution of samples according to Age.**

Figure 3 depicts that most of the 57 (40.7%) menopausal women were between the age group of 39-45 years, (29.2%) menopausal women were between the age group 46-52 years.(30.1%) 53-59 years.



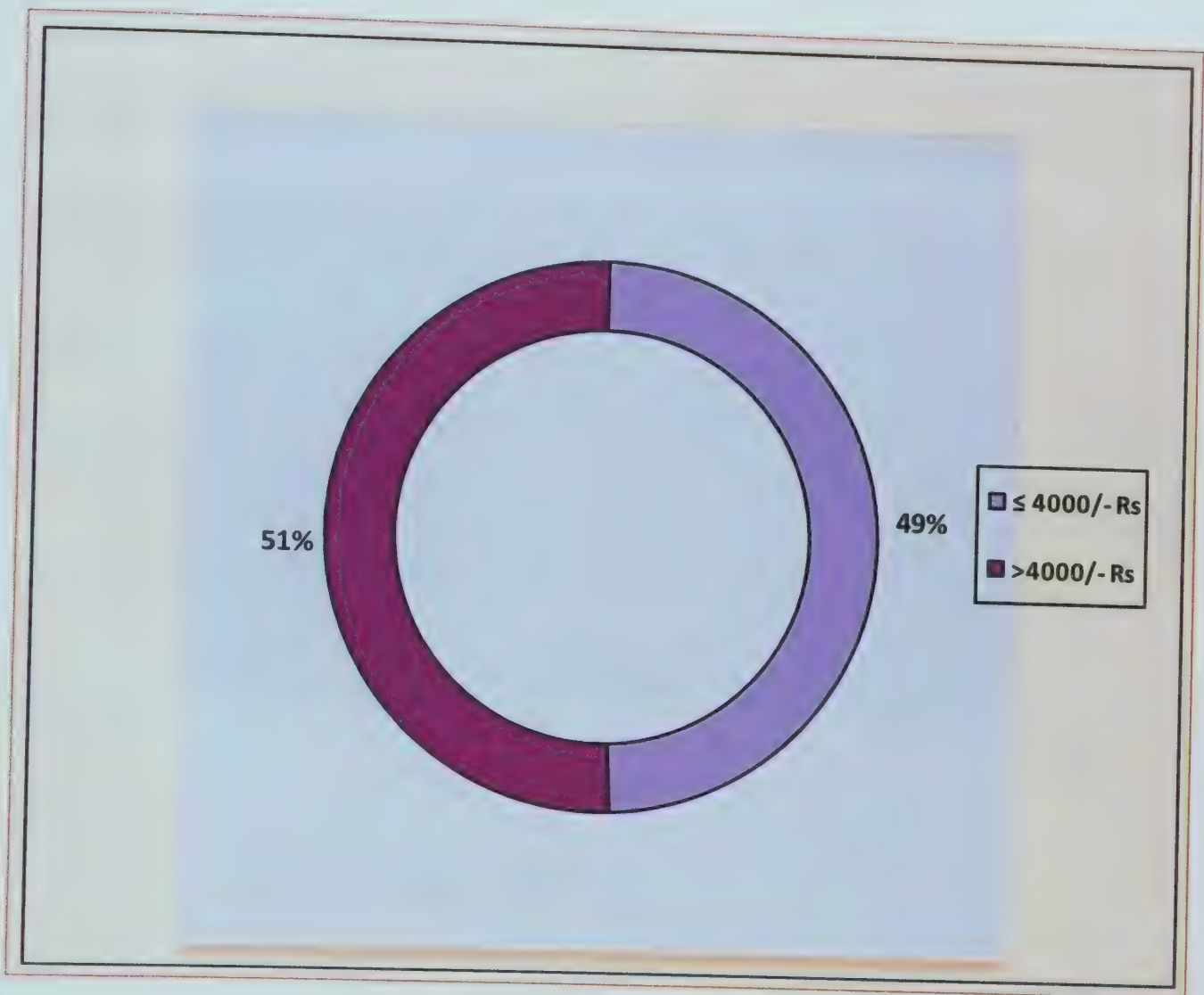


**Figure 4: Distribution of samples according to education.**

Figure 4 depicts that 98 (70%) of the samples were illiterate, 8 (5.7%) of them had primary education, 21 (15%) middle school and 12 (8.6%) high school, 1 (0.7%) higher secondary.



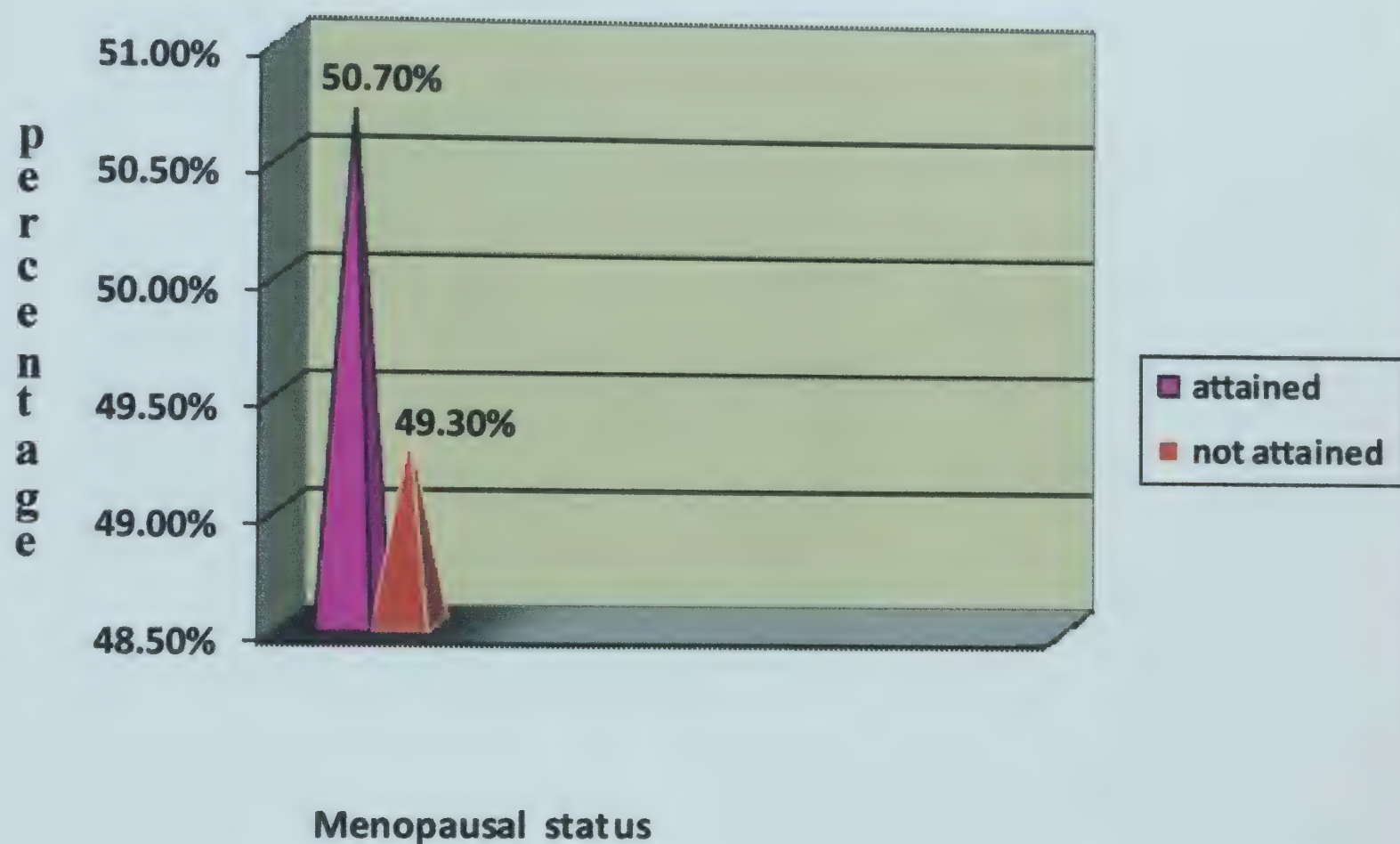




**Figure 5: Distribution of samples according to Income.**

Figure 5 depicts that 71 (51%) of the samples had income more than 4000 Rs/month and 69 (49%) belonged to category of income Rs. $\leq$  4000 / month.



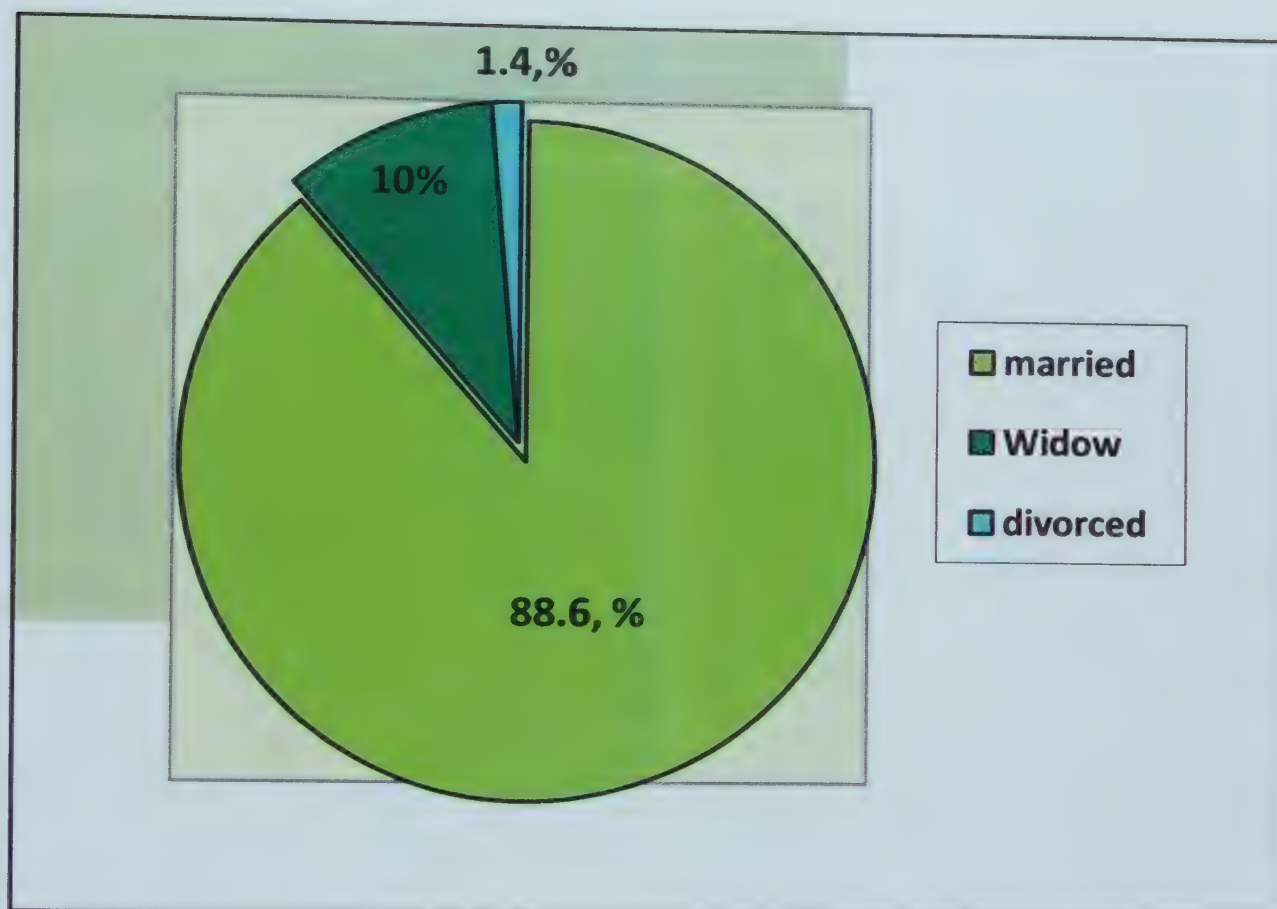


**Figure 6: Distribution of samples according to the status of menopause**

Figure 6 depicts that 71 (50.7) of the samples had attained menopause.



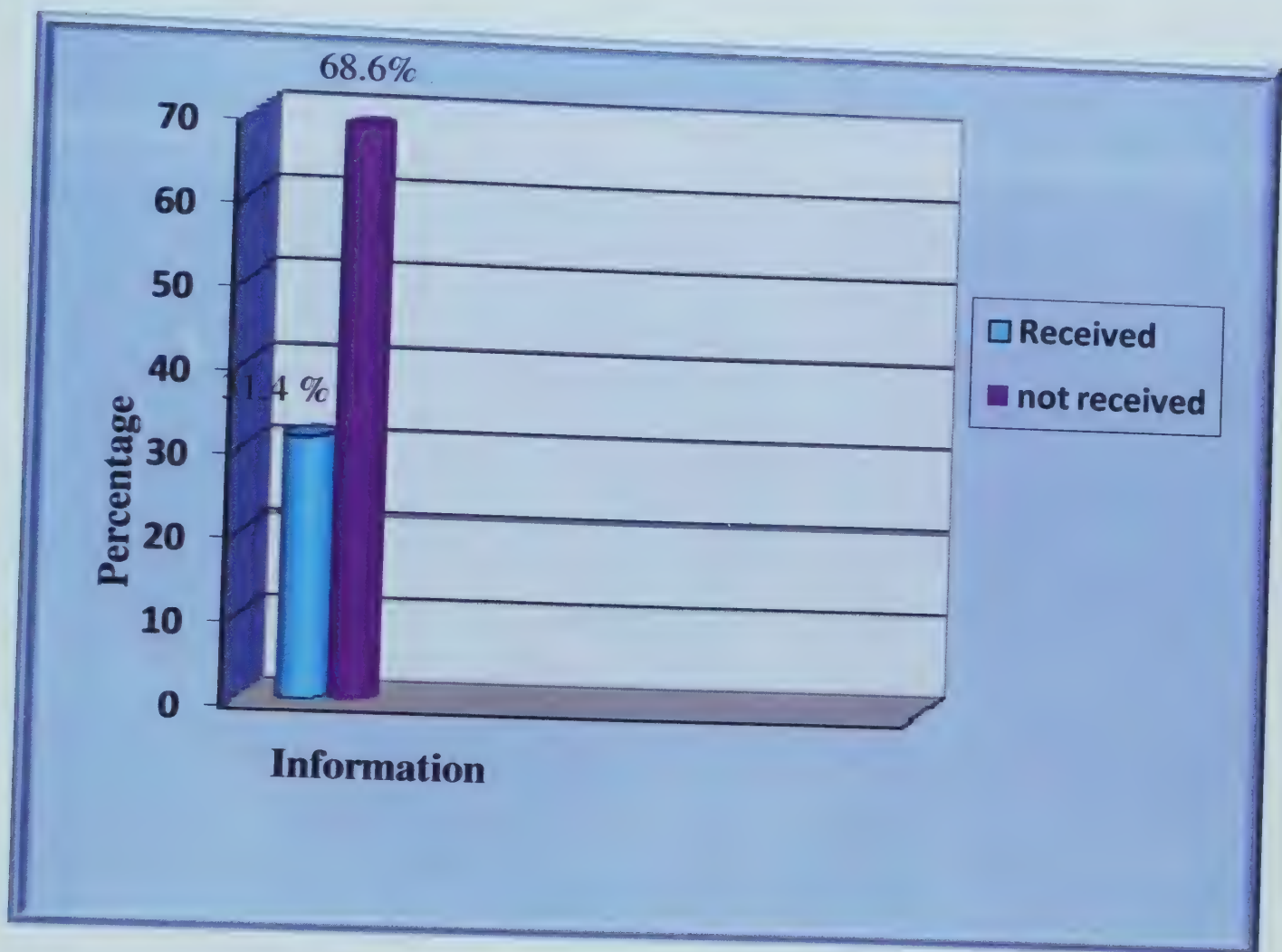




**Figure 7: Distribution of samples according to marital status.**

Figure 7 Depicts that 124 (88.6%) of the samples were married, 14 (10%) were widows and 2 (1.4%) were divorced.



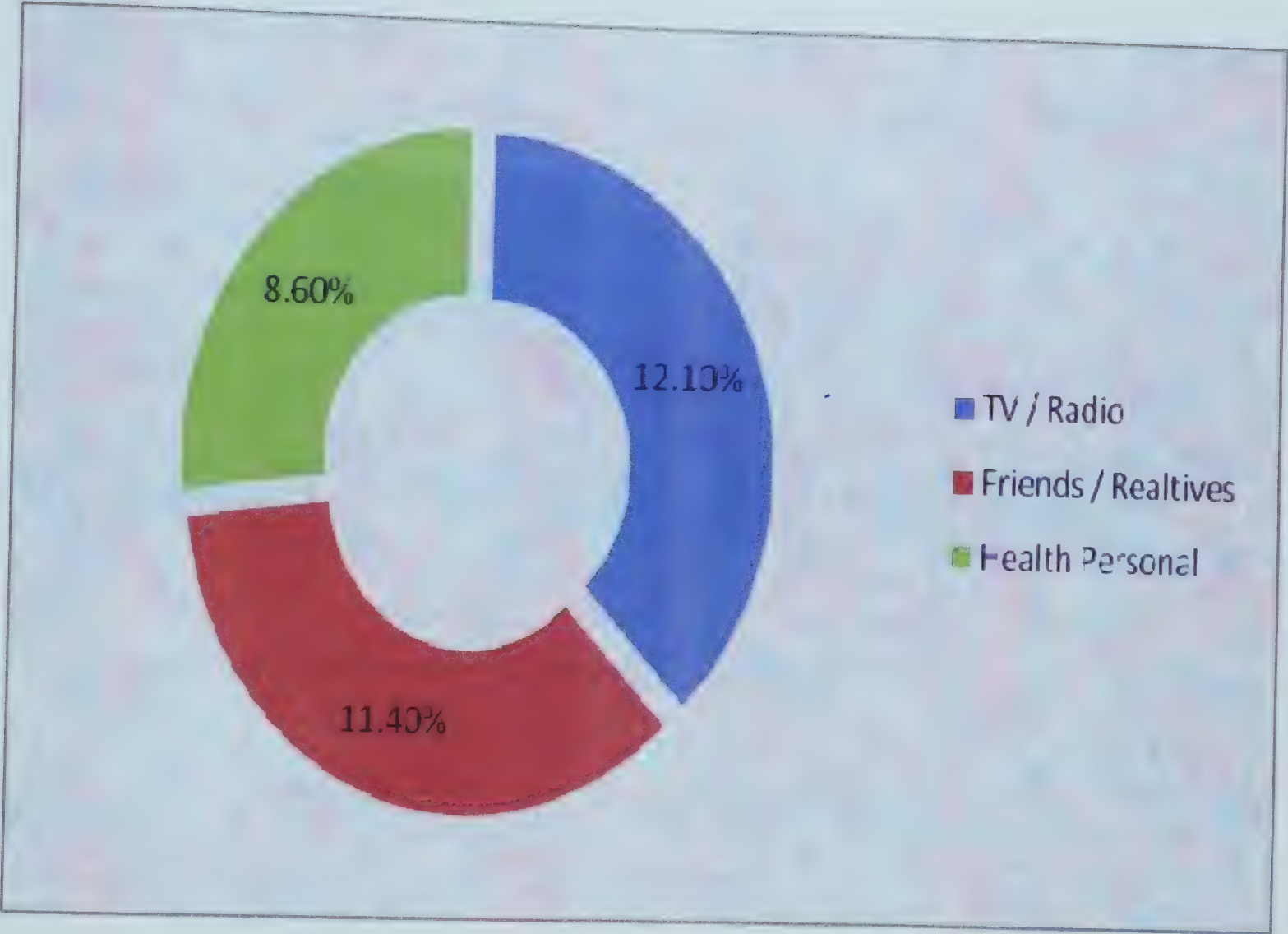


**Figure 8: Distribution of samples according to information received regarding menopause.**

Figure 8 depicts that 96 (68.6%) of the samples had not received information regarding menopause and only 44 (31.4 %) had received information on menopause.







**Figure 9: Distribution of samples according to Source of information received.**

Figure 9 depicts that 17 (12.1%) of the samples received information from TV/ Radio and 16 (11.4%) received from friends and relatives only 12 (8.6%) of them received information from health personal.



**SECTION 2:- Findings related to knowledge scores of samples.**

**Table 1:-Frequency percentage mean and standard deviation of samples according to knowledge scores.**

n=140						
SL.No	Knowledge score range	Frequency	%	Mean Score	Mean %	S.D
1.	Adequate (75% and Above)	1	0.7	28	80	
2.	Moderately adequate knowledge (51-75%)	13	9.3	19.3	55.2	1.7
3.	Inadequate ( $\leq 50\%$ )	126	90	13.4	38.4	1.99

Table 1 depicts that the mean score of samples with inadequate knowledge was 13.4.

**Table 2:-Specific content area wise knowledge score of samples.**

n=140					
SL.No	Content	Maximum Score	Range Score	Mean Score	SD
1.	Meaning of Menopause	14	2-11	6.4	1.70
2.	Signs and symptoms	9	1-10	2.93	1.24
3.	Management	12	0-9	4.71	1.46

Table 2 shows that the samples had least knowledge in the area of signs & symptoms of menopause. The mean score in the area was 2.93.





**Table 3:- Frequency and percentage distribution of samples according to specific content area wise knowledge scores.**

**n=140**

SL.No	content	Inadequate knowledge		Moderately adequate		Adequate knowledge	
		Fq	%	Fq	%	Fq	%
1	Meaning	107	76.4	31	22.1	2	1.4
2	Signs & symptoms	128	91.4	11	7.9	1	0.7
3	Management	128	91.4	11	7.9	1	0.7

The above table depicts that 128 (91.4%) of the samples had inadequate knowledge regarding signs and symptoms and management.



Section 3:- Association between level of knowledge and baseline variables

Table 4:- Association of knowledge scores of samples and baseline variables


n=140

SL.No	Baseline Variables	Knowledge score		Test of sig	Pvalue
		Inadequate ≤50	Moderate 51-75		
1.	Age				
	≤50 years	59	5	X <sup>2</sup> =0.627	0.429 NS
	>50years	67	9		
2	Education				
	Illiterate	94	4	12.71	0.00*
	Others	32	10		
3.	Marital status				
	Married	113	11	4.017	.134NS
	Widow	12	2		
	Divorced	1	1		
4.	Income				
	<4000	62	7	.003	.955 NS
	>4000	64	7		
5.	Menopause attained				
	attained	64	7	.003	.955 NS
	Not attained	62	7		
6.	Information				
	Received	37	7	2.48	.115 NS
	Not received	89	7		

S-Not Significant; \* Significant at P<0.05. From the table it is evident that there was a significant association between the knowledge level and education.





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# DISCUSSION



## 6. DISCUSSION

Menopause is a natural transition in a woman's life when she stops menstruating and experiences hormonal changes in her body. It will affect the way she feels about herself and her relationships with loved ones. However women need to understand that menopause is not a disease or a disorder but a normal biological change experienced by all women. Hence the focus of this study was to assess the knowledge of women regarding menopausal symptoms and its management in selected villages under Mugalur community health training center with a view to prepare an information booklet.

The discussion is based on the objectives of the study

### **Objectives of the study**

1. To assess the knowledge of women regarding menopausal symptoms and its management.
2. To determine the association between knowledge level and selected baseline variables of the women.
3. To prepare an information booklet on menopausal symptoms and its management for rural women

The discussion is made under the following heading

- Findings related to baseline variables of the sample.
- Findings related to knowledge of women regarding menopausal symptoms and its management.
- Findings related to association between knowledge score and selected Baseline variables.





## FINDINGS RELATED TO BASELINE VARIABLES OF THE SAMPLE

Women selected for this study were of age between 39-59 years. The mean age was 48.41 years. Findings revealed that 57 (40.7%) of them were in the age group of 39-45 years and 29.2% of them were in the age group of 46-52 yrs. A study conducted in south revealed that 45 (45%) of the subjects were in the age group of >50 yrs. Another study conducted in Chandigarh on 200 women revealed the mean age of menopause to be 47.52 $\pm$ 3.75 years. Another intervention type study conducted among the 205 women in Bangladesh majority of the samples (63.5%) were of <50 yrs<sup>35</sup>.

The present study revealed that 8 (5.7%) of them had primary education, middle school 21 (15.0%), High school 12 (8.6%), Higher secondary 1 (0.7%), illiterate 98 (70%). A study conducted in Delhi revealed that more than half (51%) of the subjects were literate. Another study revealed that 93 (45.3%) were literate<sup>36</sup>.

The mean family income of the women per month was 4321.43 in the present study most of the women 71 (50.7%) belonged to the category of Rs. > 4000/month, and 69 (49.3%) of them were belonged to the category of Rs. < 4000. A study conducted revealed that 37 (37%) of them had monthly income between Rs. 8001- Rs. 10,000. Another study revealed that 42.4% of them had the monthly income of Rs. 3000-5000<sup>35</sup>.

In this present study 124 (88.6%) of them were married, widow 14 (10.0%), divorced 2 (1.4%)

The present study shows that 71 (50.7%) of the women had attained menopause and 69 (49.3%) of them had not attained menopause. A study conducted in Pakistan among 863 women revealed that 727 (84.24%) had attained menopause.<sup>39</sup>



In this present study 96(68.6%) of the women had not received any information regarding menopause and 44(31.4%) received some information regarding menopause.

In the present study 17 (12.1%) of the participants received information from TV/Radio, Friends/ relatives 16(11.4%), and 12 (8.6%) of them received from the health personnel.

### **Findings related to knowledge of women regarding menopausal symptoms and its management.**

Among the 140 women who were assessed for the knowledge 13 (9.3%) had moderately adequate knowledge, and majority of them had 126 (90%) inadequate knowledge. A study conducted in rural Bangladesh revealed that only 27.8% respondents had some knowledge. Another study conducted in urban areas of South Delhi revealed that (54%) of the menopausal women had inadequate knowledge<sup>38</sup>.

### **Findings related to association between knowledge and selected baseline variables.**

The association of knowledge score and baseline variables were done by using the chi-square test. The variables associated are age( $\chi^2=0.627$   $p>0.429$ ), marital status( $\chi^2=4.0177$   $p>.134$ ), income ( $\chi^2=.003$   $p>.955$ ), menopausal status, ( $\chi^2=.003$   $p>.955$ ) information( $\chi^2=2.48$   $p.115$ ). These values were not significant at 0.05 level. It revealed that there is no association between knowledge scores and baseline variables. It was found that there is significant association between knowledge score and education ( $\chi^2=12.71$   $p<0.00$ ). The finding of the study showed that there is significant association between knowledge and education<sup>39</sup>.






A study conducted showed that 64% of the menopausal women's knowledge dependent on their age, education, occupation, income marital status.

### **Summary**

The above discussion highlights the knowledge of women regarding menopausal symptoms and its management. The findings of the study helps to develop an information booklet thus improved the knowledge of women regarding menopausal symptoms and its management.



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# CONCLUSION





## 8. CONCLUSION

Menopause is a natural biological phenomenon in every women's life. Menopause is recognized by all women in all cultures as cessation of menstruation for one year. Therefore the present study aimed to assess the knowledge of women regarding menopausal symptoms and its management and prepare an information booklet based on the knowledge of women. The findings of the study revealed that women had inadequate knowledge regarding menopausal symptoms and its management.

**The following conclusions were drawn from the study.**

A total of 140 women between the age of 39-59 yrs were interviewed. Among them 40.7% of them were 39-45 yrs of age.

70% of the samples were illiterate.

51% of the samples had Income more than Rs.4000/month.

50.7% of the women attained menopause.

88.6% of the samples were married 1.4% of the samples were divorced.

68.6% of the samples were did not received information.

12.1% of the samples received information from TV/Radio.

Education and knowledge were associated

### **Implications**

The finding of the study have several implications on nursing practice, nursing education, nursing research, and general education. Thus the finding of the study suggest that there is a need to conduct a study to explore the role of nurses in



developing knowledge of women regarding menopause, helping them to manage the signs and symptoms by adopting positive attitude towards menopause.

### **Nursing Education:-**

Health promotion and prevention should be integrated as the main component in all aspects of community health nursing practice. Nursing education should give importance to health education and prepare nurses to impart knowledge regarding various aspects of health.

### **Nursing practice:-**

The study findings revealed that there was inadequate knowledge 126(90%) regarding menopausal symptoms and its management. The Community health nurse has a vital role in creating health consciousness among women from the younger days onwards. Therefore, Community health nurse can organize effective health education program for women to help them to manage the menopausal symptoms and prevent the health risks by adopting simple measures such as ; healthy diet, adequate exercise and natural therapies.

### **Nursing Administration:-**

Nursing administrator could organize and coordinate with other organizations, to provide mass education on menopause, signs and symptoms, and remedial measures to manage its complications. Person to person health educational programs could be organized.





### **Nursing Research:-**

Community health nurse has a vital role in preventing diseases in the community. Women are the most vulnerable people in the society; therefore various studies should be conducted from time to time to find out the knowledge of women regarding various aspects of health. Education and guidance should be an ongoing process.

### **Recommendation:-**


- Similar study can be carried on the larger samples to validate the findings and make generalizations.
- Experimental study could be done to find out effectiveness of information booklet prepared by the investigator.
- Comparative study could be done between urban as well as rural population.

### **Limitations:-**

- Study was limited to the age of women between 39-59yrs.
- Study was limited to assess the knowledge aspect only.





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# SUMMARY



## 7. SUMMARY

The present study focused to assess the knowledge of women, regarding menopausal symptoms and its management in selected villages under Mugalur Community Health Training Centre, Bangalore with a view to prepare an information booklet.

### **The Objectives of the Study were:-**

1. To assess the knowledge of women regarding menopausal symptoms and its management.
2. To determine the association between knowledge level and selected baseline variables of the women.
3. To prepare an information booklet on menopausal symptoms and its management

### **Assumptions made for the study are:**

- ❖ During the menopausal period women experience certain physical and psychological changes.
- ❖ Women may have some knowledge about menopausal symptoms

The conceptual framework adopted for the study was based on Rosentochs, Becker and Maimans health belief model. Review of literature was done on studies related to knowledge of women regarding menopause, menopausal symptoms experience and its management. This helped the investigator to adopt most appropriate methodology for the study, plan for data analysis and interpretation in the most effective manner. In view of the problem and the objectives of the study descriptive statistical approach





utilized for the study. The study variables in the study were knowledge of women regarding menopause. The base line variables were age, education, income, marital status, age of menopause, information, and source of information. The setting of the study were six different villages under Community Health Training Center Mugalur. The population of the study comprises of women between the age of 39-59yrs in selected villages under the Community Health Training Center Mugalur. Random sampling was used to select the samples.

Data collection instrument consisted of an interview schedule used by the investigator to assess the knowledge, to elicit the baseline variables content validity of the tool was established by sending to experts. The reliability of the structured interview schedule was established using split half method. The questionnaire was given to 14 women who met the inclusion criteria. The total score was divided into odd and even numbers and correlation was found using pearson's product moment correlation formula. The obtained value of the test was 0.96 and the tool was found to be reliable. The pilot study conducted in the Pandithnagrahara village (Mugalur) among 14 women who met the inclusion criteria. The study was found to be feasible. For the final study, data was collected from 140 women between the age group of 39-59yrs from the selected 6 villages under Community Health Training Center Mugalur. The data obtained was analyzed in terms of the objectives using descriptive and inferential statistics.



### **The findings of the study:-**

The study showed that 126(90%) of the women had inadequate knowledge regarding menopausal symptoms and its management.

There was a significant association between the knowledge levels and education ( $\chi^2=12.71$   $p<0.00$ ).

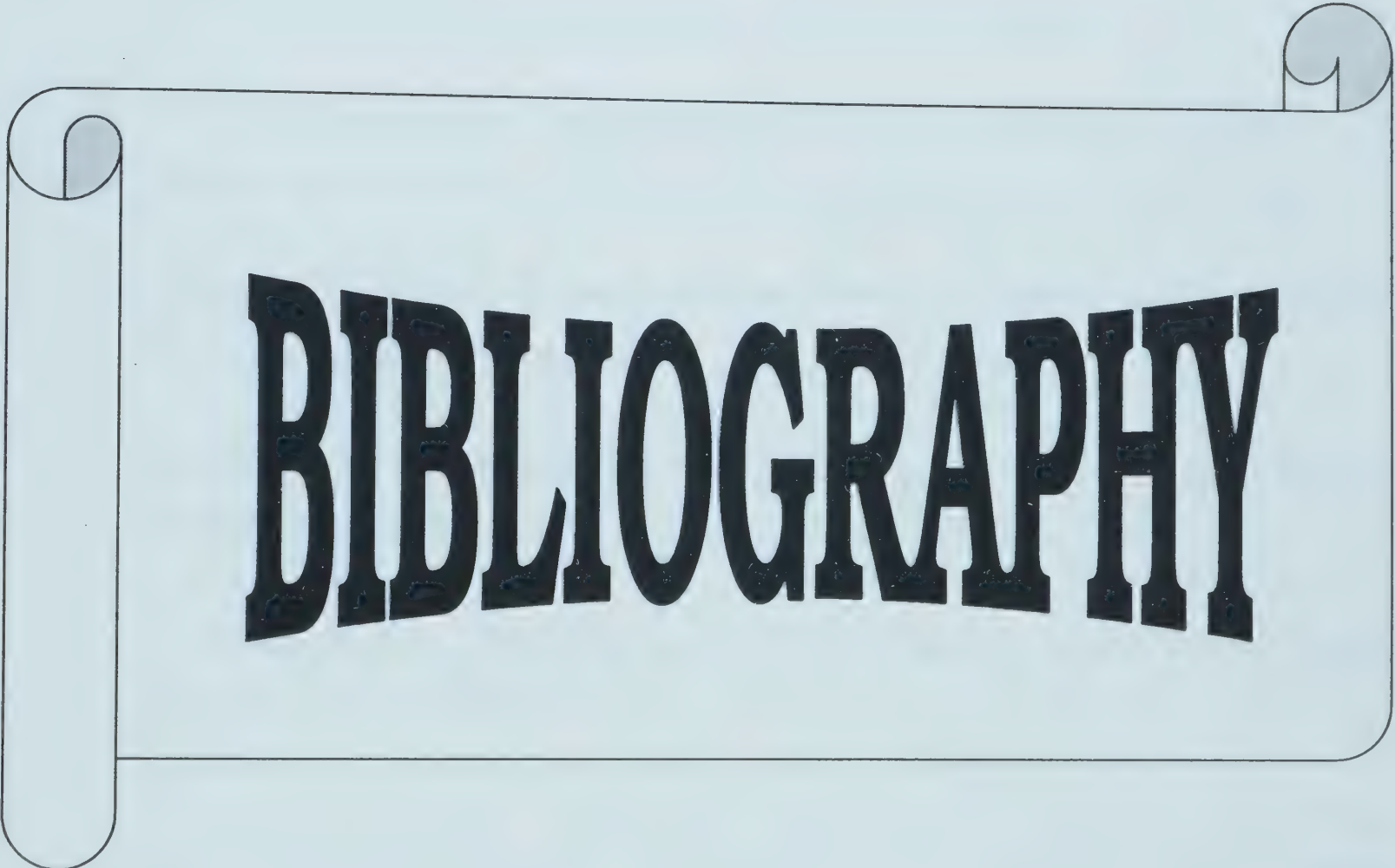
There was no association between knowledge scores and selected baseline variables such as age, income, marital status, age of menopause.

The information booklet prepared by investigator could be utilized and acts as effective strategy in imparting health education on menopausal symptoms, health risks and its management.

The process of the study was an enlightening experience for the investigator and it gave an opportunity to know about the rural women and also to improve the knowledge on the subject matter. The patience, constant encouragement, timely correction and direction from the guide and co-guide, ready support and co-operation from the participants and help from the health workers, support from the management contributed to the fruitful completion of this study.





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# BIBLIOGRAPHY





## 9. BIBILOGRAPHY

1. <http://www.niq.nih.gov/HealthInformation/Publications/Menopause/Introduction.htm/> Accessed on 14<sup>th</sup> August 2009).
2. Ms.Purabi Pathak Das, Amrita Bagga. Age at Menopause and Health at Midlife: An Urban Indian Experience. J Med AssoThai. Nov 2005; 87(11): 1560-4.
3. Sandra G C. Menopause Made Easier, RN July 1997: 46-4.
4. <http://www.labmeeting.com/paper/28226201/malik-2008-knowledge-and-attitude-towards.JPMA>. April 2008; 58(4):164-3/ accessed on 29-7-2009.
5. Appling.S.E, Allen J. K.The Journal of Woman's Health and Gender Based Medicine Jan 2009; 9 (1): 57-7.
6. Krishna U R. Management of Menopause; A Not. The Journal of Family Welfare. Jun 2005; 51(1):71-1.
7. Clinkingbeared C, Minton B A. Journal of Women's Health Gender Based Med. Oct 1999; 8: 1097-102.
8. Chaopotong, Titapant.V, Dittakaran. Menopausal Symptoms and Knowledge towards daily life and HRT among Menopausal women in Bangkok. J Med Assoc Thai. 2005; 88 (12): 1768-6.
9. Price S.L, Storey.S, Lake.M. Menopause Experience of Women in Rural Areas. Journal of American Nursing. March 2007; 503-8.
10. Kaw.D, Khunnu.B, Vasishta.K. The Factors Influencing the age at Natural Menopause. Journal of Obstetrics and Gynecology of India. Jan 2000;1 (1):272-5.
11. Eun- Ok Im, Yi Liu, Sharon Dormine, Wonshik Chee. Menopausal Symptoms Experience; an Online Forum Study. The Authors' Journal Compilation. Blackwell . Jan 2008; 62 (5): 541-9.



12. Sambilian N. Prevalence of Menopausal Symptoms Among Female Teachers in Seremban. Asia Pacific Family Medicine 2003; 2: 235-3.
13. <http://www.indiatogether.org/2007/mar/wom-isecestudy.htm/> accessed on 31/5/2010.
14. <http://www.Ayubmed.edu.pk/JAMC/PAST/20-1/Nisar.pdf/> Accessed on 28/5/2010.
15. <http://www.womanlab.com> accessed on 31/5/2010.
16. U.V Shinde. To develop an information booklet for women on menopause. An unpublished mater's of nursing Dissertation. SNDT women's University, Mumbai.2004.
17. Dr. R. Bangi Co.Founder of the Maharashtra. NGO "Search" Mumson.2006.
18. N.YYope. Knowledge and attitude towards personal healthcare and menopause among women with schematic heart disease under going coronary angegraphy. 2003. Abstruct pusmed.
19. C. Bertero. Inter National Journal Nursing Review. What do women think asound menopause Vol.2003- 109-18.
20. N.R Maharaj R Gengeram J. Modlery. "The menopause HRT and informed consent. Journal of obstetric, Gynaecology 2007. April: 27(3): 300-4.
21. Menopausal health problems of women Jemimah aged 50 yrs above in Kampals.2001. [http:// www.makrere.KE.ng/women studies](http://www.makrere.KE.ng/women%20studies) (abstract pub med).
22. Menopause symptoms.[http:// www.34-menopause symptoms.com / hot-flashes / article](http://www.34-menopause-symptoms.com/hot-flashes/article). Assessed on 6/10/2010.
23. [http://menopause treatments blogspot.com/2007/04](http://menopause-treatments.blogspot.com/2007/04).
24. Mary Carolan, RN Menopause: I risk women's voices JOGNN July/ August 2000.P.397-404.





25. G. Mehaffee pat. Catherine Insum tog el. Herbal therapy use by perimenopausal women. JOGNN March/ April 2003.Pg.181-189.
26. A Sharon, George. The menopause experience: A women's perspective. JOGNN Jan /Feb 2002.p.77-85.
27. WHO. Eastern mediteraneeh. Health ownal. Health Journal volume 12. Suppliment(2).
28. Dennerstern. L et al. menopauseal symptoms in Australian women medical journal of Australia.1993;159 (4):232-6.
29. Rosehill Mauritites. Knowledge attitude and practice on menopause symptoms alleviation maturities. Maturities Research council, 2003.
30. Kouck JA. How to treat a menopausal women history, 1900-2000 current women's health reports, 2002 2(5): 349-55.
31. Dannerstein hetal. Mood and the menopausal transition. Journal of nervous and mental disease 1999, 187(11): 685-91.
32. HoSc et al menopausal symptoms and symptoms clustering in Chinese women. Maturitas 1999, 33(3): 219-27.
33. Barbara Kozier, Glenora erb,Advreg Berman Karen Buken. Fundamentals of nursing 2007.7<sup>th</sup> Edn. Saurabh Ltd. India p.216-18.
34. Times of India(Accessed on 21<sup>st</sup> October 2010)
35. P.Sonia,B.Vikas Perceptions of menopause and postmenopausal bleeding. The Internet Journal of Family Practice 2008:vol.6, No.2.
36. N.Nusrat,S.A.Nisar.Severity of Menopausal symptoms and the quality of life at different status of menopause.International Journal of Collaborative Research on Internal Medicine.[http://www.iomc\\_world.com](http://www.iomc_world.com) (assessed on11/10/2010).



37. S.Namrata.Assessment of the knowledge,attitude ,problems faced and remedial measures adopted by menopausal women.Nightingale Nursing times,Vol.6 No.2 May2010.p12-14.
38. <http://www.34-menopause-symptoms.com/hot-flashes/article.6/10/2010>.
39. Susan E, Jerilyn K, Allen. Knowledge of menopause and HRT Use in Low-Income Urban Women. Journal of Women's Health & Gender-Based Medicine,Vol.9 Issue 1:July,2004.



# ANNEXURES





## Annexure 1

### LETTERSEEKING PERMISSION TO CONDUCT RESEARCH STUDY

From

A.V Annamma / Sr. Jossy  
II<sup>nd</sup> year MSc (N) Student  
SJCON, Bangalore- 560034.

To

Dr. Aravind Kasthuri  
Professor,  
Dept of Community Medicine,  
SJNAHC, Bangalore-560034.

Forwarded through:

Mrs. Madonna Britto  
Principal, College of Nursing  
SJMCH, Bangalore- 560034.

Sub: Letter seeking permission to conduct research study.

Respected Sir,

As part of my partial fulfillment of MSc Nursing degree at Rajiv Gandhi University of Health Science Bangalore. I have selected the following topic for my thesis, "A study to assess the knowledge of women regarding menopausal symptoms and its management in selected villages under Mugulur community health training centre Bangalore, with a view to prepare an information booklet". The pilot study will be conducted during the period between 1/6/2010 to 7/6/2010. The data collection is from 8/6/2010 to 7/8/2010 in selected villages under community health training center Mugulur. The study would include women, who are 40-58 years.

Kindly grant me permission to conduct the study. The information collected will be used only for research purpose and confidentiality will be maintained.

Kindly do the needful

Thanking you,

Yours Sincerely  
A.V. Annamma  
A.V Annamma (Sr.Jossy)

Date: 3-6-10

*Submitted.*  
*[Signature]*  
3/6/10



## Annexure 2

### Letter seeking expert opinion on content validity of tool

From,

A.V.Annamma/Sr. Jossy

1<sup>st</sup> Year MSC Nursing

St. John's College of Nursing

Bangalore – 560034

To,

#### **Forwarded through**

The Principal,

St. John's College of Nursing

Bangalore – 560034.

Respected Sir/Madam,

Subject: - Expert opinion on Content validity of Tool.

I A.V. Annamma/(Sr.Jossy) doing my 1<sup>st</sup> year MSC (Community Health) Nursing at St. John's College of Nursing, request your expert opinion on the content validity of the tool. The topic selected for dissertation is "A study to assess the knowledge of women regarding menopausal symptoms and its management in selected villages under Community Health Training Center Mugular with a view to prepare an information booklet" as a partial fulfillment for Master of Science in nursing degree at Rajiv Gandhi University of Health Sciences, Bangalore.





**The objectives of the study are as follows:**

1. To assess the knowledge of women regarding menopausal symptoms and its management.
2. To find any association between knowledge level and selected baseline variables of the menopausal women.
3. To prepare and information booklet on managements of menopausal symptoms.

I kindly request you to give your valuable suggestions regarding the appropriateness of the tool. Please write your expert comments on the evaluation criteria check list enclosed. I also request you to kindly sign the certificate and I would be highly obliged and grateful to hear from you.

Thanking you in anticipation.

Yours faithfully

A.V. Annamma

MSC Nursing

student.

Enclosures:

1. Tool

Section – I      Performa to elicit baseline data.

Section- II      Questionnaire to assess knowledge.

Blue print for knowledge.

Questionnaire

Answer key.

2. Evaluation Criteria Checklist.

3. Certificate of validation.

Date:

Place: Bangalore



## Annexure -3

### Validation Criteria checklist

Dear madam/sir,

Kindly go through the content and place a tick mark ( ) against the questionnaire in the following columns ranging from relevant to not relevant, when found to need modification. Kindly give your opinion in the remarks

#### Section I

##### Baseline Data

SL No	Items	Relevant	Needs modification	Not relevant	Remarks
1.					
2.					
3.					
4.					
5.					
6.					
7.					



Section II

A structured questionnaire for assessing the knowledge of women regarding menopausal symptoms and its management in selected villages under the community health training centre Mugalur Bangalore, with a view to develop an information booklet

SL No	Items	Relevant	Needs modification	Not relevant	Remarks
1					
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32					





SL No	Items	Relevant	Needs modification	Not relevant	Remarks
33					
34					
35					

Any other comments

Signature of the validator

Name:

Designation:



## **Annexure-4**

### **Certificate of validation**

This is to certify that the tool constructed by A.V. Annamma/ (Sr. Jossy) 1<sup>st</sup> Year MSC Nursing student of St. John's College of Nursing, Bangalore, to be used in her study titled" A study to assess the knowledge of women regarding menopausal symptoms and its management in selected villages under Mugalur Community Health Training Centre, Bangalore with a view to prepare an information booklet" has been found valid by me.

Signature:

Name:

Designation:

Date:





## Annexure-5

### LIST OF EXPERTS

1. Dr. Arun Maskar  
  
Professor,  
  
Dept. of OBG  
  
St. John's Medical College Hospital, Bangalore.
2. Dr. Twinkle  
  
Assistant Professor,  
  
Community Medicine Department,  
  
St. John's Medical College Hospital, Bangalore.
3. Dr. C.N Sheela  
  
Professor,  
  
Department of OBG  
  
St. John's Medical College Hospital , Bangalore.
4. Dr. Farah  
  
Assistant Professor,  
  
Community Medicine Department  
  
St. John's Medical College Hospital, Bangalore.



5. Rev. Sr. Jacintha D'Souza

Principal,

Fr. Muller's College of Nursing,

Mangalore.

6. HS. K.C. Leena

Assistant Professor,

Dept. of Community Health Nursing,

Father Mullen's College of Nursing, Mangalore.

7. Sr. Aline

Department of OBG

Father Mullen's College of Nursing, Bangalore.

8. Sr. Celci Mary

Vice Principal,

HOD. Department of OBG

St. John's College of Nursing

Bangalore.

9. Prof. V.T Laxmammi

Principal,

Kewpegawda College of Nursing,

K.R Road, U.V Puram, Bangalore.



10. Sr. Cicil

Krist Raja Health Centre,

Godde p.o, Godda Dt.

Jharkand- 814133.

11. Prof. Mr. Prakash . H.B

Head of the Department,

Community Health Nursing,

Govt. College of Nursing, Bangalore.

12. Prof. Mrs. Laxmi

Head of the Department,

Community Health Nursing,

Sarvodaya College of Nursing

Dasae Halli, Bangalore.

13. Prof. Rukmini

Principal,

Mother Theresa Post Graduate & Research Institute of Health Science.

Pondy cherry-6.

14. Mrs. Suja Karkade

Prof. Head of the Departemnt,

Dept. of Community Health Nursing, Mahe- Manipal,

Karnataka-576104.





15. Mrs. Mary Joseph

Associate Professor,

Govt. College of Nursing,

Calicut Medical College of Hospital, Calicut, Kerala.

16. Prof. Laxmi Devi

Principal,

Global College of Nursing,

Rajrajashwari Nagar, Bangalore.

17. Mrs. Rajeshwami Shiva

Professor,

Dept. of Community Health Nursing, CMC, Vellore.

18. Sr. Edith UMI

Principal,

Holy Family Hospital and School of Nursing

Hill Road, Bandre, Mumbai-50.

19. Prof. P. Sathya

Head of the Department,

Community Health Nursing

Yenepoya Nursing College

Derlekakatte

Mangalore. 575018.



# Annexure-6

## Blue print of knowledge questionnaire

SI No	Selected area	Knowledge			Comprehension			Application			Total Item	Total%	Total %
		Item	Total No	score	Item	Total No	score	Item	Total No	score			
1.	Menopause	13, 1,2,3,4,5,14.	7	7	8,9,11, 12.	4	4	6,7,10.	3	3	14	40%	35%
2.	Signs symptoms	15,17, 19,21.	4	4	18,22, 23.	3	3	16,20.	2	2	9	25.71%	30%
3.	Management	24,25,28,29.	4	4	33,34, 27,30, 31.	5	5	32,35,26.	3	3	12	34.29%	35%
4.	Total		15	15		12	12		8	8	35	100%	100%

Categorization of knowledge score to analyze the data.

The knowledge score was categorized as follows:

Inadequate Knowledge less than or equal to 50%

Moderately adequate knowledge-51%-75%

Adequate knowledge-more than 75%





## Annexure 7

### Structured interview schedule to assess the knowledge of women regarding menopausal symptoms and its management.

#### Statement:

A study to assess the knowledge of women regarding menopausal symptoms and its management in villages under Mugalur Community Health Training Centre, Bangalore.

#### Section-I: Baseline Data.

- 1) Name
- 2) Age
- 3) Educational Status
- 4) Marital Status
- 5) Menopause: attained/not attained /if attained at what age.
- 6) Have you got any information regarding menopause Yes/No
- 7) If yes source of information
  - a. Previous Education
  - b. News paper/Magazines
  - c. TV/Internet
  - d. Friends/relatives
  - e. Any other



## Section-II

Structure Questionnaire:

### Instructions:

Kindly answer all the questions

Each right answer carries one score.

There is no negative marking.

Put (✓) mark for the correct answer in given bracket.

Menopause Meaning:-

- 1) Menopause is
  - a. Permanent cessation of menstruation ( )
  - b. Temporary cessation of menstruation ( )
  - c. Abnormal bleeding ( )
  - d. Profuse bleeding ( )
- 2) Menopause is attained at
  - a. 35-40years ( )
  - b. 41-45 years ( )
  - c. 46-51 years ( )
  - d. 52-57 years ( )
- 3) The cause of menopause is
  - a. Bones become weaker ( )
  - b. Ovaries stop producing eggs ( )
  - c. Blood volume in the body reduces ( )
  - d. Uterus become thicker ( )



- 4) After the removal of uterus Menstruation is
- a. Present ( )
  - b. Absent ( )
  - c. Regular ( )
  - d. Irregular ( )
- 5) The child- birth possible after menopause
- a. Not possible ( )
  - b. Possible ( )
  - c. Chances are more ( )
  - d. Chances are less ( )
- 6) Life style change is not advisable during menopausal period.
- a. Relaxation technique ( )
  - b. Stress management ( )
  - c. Over eating ( )
  - d. Taking up hobbies ( )
- 7) During menopausal period the woman feels
- a. Irritable, depression ( )
  - b. Fever, cough, and abdominal pain ( )
  - c. Nausea, vomiting, loss of appetite ( )
  - d. No Significant feeling ( )





- 8) The following factor that do not affect the age of attaining menopause
- a. Age of menarche ( )
  - b. Number of pregnancy ( )
  - c. Weight ( )
  - d. Height ( )
- 9) An illness women are more prone to have after menopause is the following except
- a. Cancer ( )
  - b. Mental illness ( )
  - c. Heart attack ( )
  - d. Kidney failure ( )
- 10) The women seek information, during menopause period because
- a. It helps in better adjustment ( )
  - b. It helps in developing positive attitude ( )
  - c. Women can help others ( )
  - d. All the above ( )
- 11) You see menopause as
- a. Major health problems ( )
  - b. Life threatening condition ( )
  - c. Normal process in the body ( )
  - d. Non- treatable illness. ( )



- 12) The type of food will help to prevent difficulty in passing hard stool is.
- a. Spicy and oily foods ( )
  - b. Tea and Coffee ( )
  - c. Plenty of vegetables, fruits & fluids ( )
  - d. Salt free diet & chocolates ( )
- 13) The process of menopause is
- a. gradual ( )
  - b. Sudden onset ( )
  - c. Long term ( )
  - d. Short term ( )
- 14) The common symptom experienced by menopausal women is
- a. Abdominal pain ( )
  - b. Breathing difficulty ( )
  - c. Hot flush ( )
  - d. Increased thirst ( )
- 15) Organ that undergoes changes during menopause
- a. Liver ( )
  - b. Kidney ( )
  - c. Heart ( )
  - d. Uterus and breast ( )
- 16) Disturbed sleep pattern during menopause is due to
- a. Hot flush and night sweat ( )
  - b. Amenorrhea ( )
  - c. Pain in the stomach ( )
  - d. None of the above ( )





- 17) Menopause will lead to
- a. Increase in body weight ( )
  - b. Forgetfulness ( )
  - c. Anemia ( )
  - d. Vomiting ( )
- 18) Menopausal women feel that they are
- a. Growing old ( )
  - b. Sexual activity will decrease ( )
  - c. Not productive ( )
  - d. All the above ( )
- 19) The health risk faced by the menopausal women is
- a. Tetanus ( )
  - b. Anemia ( )
  - c. Osteoporosis ( )
  - d. Dementia ( )
- 20) The urinary symptoms during menopause is
- a. Dysuria ( )
  - b. Urgency in urination ( )
  - c. Urinary incontinence ( )
  - d. Recurrent UTI ( )



21) The following vaginal symptoms experienced during menopause

- a. Vaginal dryness ( )
- b. Vaginal discharge ( )
- c. Recurrent vaginal infection ( )
- d. Prolapsed uterus. ( )

22) Menopausal problem usually appear

- a. Within 1 year of stoppage of menses ( )
- b. Before 1 year of stoppage of menses ( )
- c. After 2 years of stoppage of menses ( )
- d. Before 2 years of stoppage of menses ( )

23) The early signs/symptoms which make woman to suspect that she has attained her menopause.

- a. Irregular periods ( )
- b. Abrupt cessation of menstruation ( )
- c. Profuse menstrual flow ( )
- d. All the above ( )

24) Positive effect of exercise during menopause

- a. Improve renal function ( )
- b. Improve cardio vascular and emotional health ( )
- c. Improve sensory function ( )
- d. Improve liver function ( )



- 25) Fracture is common in menopausal women due to
- a. Reduced calcium ( )
  - b. Reduced sodium ( )
  - c. Increased potassium ( )
  - d. Increased chloride ( )
- 26) The measures to be followed to get relief from irritability during menopause
- a. Take more oral fluids, green leaf vegetables ( )
  - b. Less intake of water, spicy and oil foods ( )
  - c. Take deep breaths, practices meditation Yoga ( )
  - d. Fasting for longer periods, avoid exercises ( )
- 27) Helpful tip for women going through menopause to manage hot flush
- a. Use polyester clothes ( )
  - b. Use cotton clothes ( )
  - c. Use woolen clothes ( )
  - d. Use silk clothes ( )
- 28) The symptom which require immediate medical treatment
- a. Insomnia ( )
  - b. Back-ache ( )
  - c. Bleeding from uterus ( )
  - d. Loss of appetite ( )
- 29) The sexual life after menopause is
- a. As usual ( )
  - b. Occasionally ( )
  - c. Never ( )
  - d. Once in a month





- 30) The pain of sexual inter course during menopause is reduced by
- a. Estrogen replacement ( )
  - b. Use of vaginal creams or jelly's ( )
  - c. Taking adequate diet ( )
  - d. All the above ( )
- 31) The osteoporosis can be prevented during menopause by
- a. Intake of Calcium supplement ( )
  - b. Performing weight bearing exercise ( )
  - c. Intake of Vitamin D and Calcium ( )
  - d. All the above ( )
- 32) The measures to be followed to reduce the anxiety during menopause
- a. Discuss past experience and identify the problems ( )
  - b. Discuss possible behavioral changes with others ( )
  - c. Trusting relationship, discuss the problem with others ( )
  - d. All the above ( )
- 33) The common physical problems of menopause can be over come
- a. By fasting ( )
  - b. By taking pain killer and medicine ( )
  - c. By rest and sleep ( )
  - d. By doing physical & exercise proper diet ( )
- 34) The measures that will help to avoid weight gain during menopause is
- a. To avoid oily foods and increase physical activity. ( )
  - b. To avoid fasting, take small and frequent foods ( )
  - c. To take low salt diet, drink only coffee and tea ( )
  - d. To have diversion of mind, rest and sleep. ( )



35) The measures can be followed to overcome depression during menopause

- a. Sleep for longer period, increasing food intake ( )
- b. Meditation, Yoga, exercise, adequate rest& sleep ( )
- c. Increasing physical activity, sleeping for longer period ( )
- d. Increasing food intake and drink plenty of fluids ( )





## ನಿರ್ಧಾರ-11

### ಸೂಚನೆಗಳು

- 1) ದಯವಿಟ್ಟು ಎಲ್ಲಾ ಪ್ರಶ್ನೆಗಳಿಗೆ ಉತ್ತರಿಸಿ.
- 2) ಪ್ರತಿಯೊಂದು ಪ್ರಶ್ನೆಯ ಸರಿಯಾದ ಉತ್ತರಕ್ಕೆ ಒಂದು ಅಂಕ ಕೊಡಲಾಗುತ್ತದೆ.
- 3) ಉತ್ತರವನ್ನು ಕೊಟ್ಟಿರುವ ಜಾಗದಲ್ಲಿ ಸರಿ ಎಂದು ಗುರುತಿಸಿರಿ.

#### 1) ಮುಟ್ಟು ನಿಲ್ಲುವಿಕೆ ಎಂದರೆ

- ಶಾರ್ಲೆತ ಮುಟ್ಟು ನಿಲ್ಲುವಿಕೆ
- ತಾತ್ಕಾಲಿಕ ಮುಟ್ಟು ನಿಲ್ಲುವಿಕೆ
- ಅನಿಯಮಿತ ರಕ್ತಸ್ರಾವ
- ನಿಯಮಿತ ರಕ್ತಸ್ರಾವ

#### 2) ಮುಟ್ಟುನಿಲ್ಲುವಿಕೆಯ ಅವಧಿ

- 35-40 ವರ್ಷಗಳು
- 41-45 ವರ್ಷಗಳು
- 46-51 ವರ್ಷಗಳು
- 52-57 ವರ್ಷಗಳು

#### 3) ಮುಟ್ಟು ನಿಲ್ಲುವಿಕೆಗೆ ಕಾರಣಗಳು

- ಮೂಳೆಗಳು ದುರ್ಬಲಗೊಳ್ಳುವುದರಿಂದ
- ಆಂಡಾಶಯವು ಮೊಟ್ಟೆಗಳನ್ನು ಉತ್ಪತ್ತಿಸುವುದು ನಿಲ್ಲಿಸುವುದರಿಂದ
- ಗರ್ಭಾಶಯ ದಪ್ಪ ಆಗುವುದು
- ರಕ್ತದ ಒತ್ತಡ ಕಡಿಮೆ ಆಗುವುದು



4) ಗರ್ಭಾರೋಹನ, ತೆಗೆದು ಹಾಕಿದ ನಂತರ ಮುಟ್ಟುವುದು.

- ಕ್ರಮಬಗ್ಗೆ
- ಗೈರು ಹಾಜರು (ಮುಟ್ಟಾಗದೆ ಇರುವುದು)
- ಅನಿಯಮಿತ
- ಮೇಲಿನ ಎಲ್ಲವುಗಳು

5) ಮುಟ್ಟು ನಿಂತ ನಂತರ ಮಗು ಹುಟ್ಟುವ ಸಾಧ್ಯತೆ ಇದೆ

- ಸಾಧ್ಯತೆಯಿಲ್ಲ
- ಸಾಧ್ಯತೆಯಿದೆ
- ಆಗುವ ಅವಕಾಶಗಳು ಹೆಚ್ಚು
- ಆಗುವ ಅವಕಾಶಗಳು ಕಡಿಮೆ

6) ಮುಟ್ಟು ನಿಲ್ಲುವಿಕೆಯ ಅವಧಿಯಲ್ಲಿ ಜೀವನ ಶೈಲಿಯ ಬದಲಾವಣೆಯನ್ನು ಮಾರ್ಗದರ್ಶನ/ಮಾಡುವಂತಿಲ್ಲ

- ವಿಶ್ರಾಂತಿಯ ತಂತ್ರಗಳು
- ಒತ್ತಡ ನಿರ್ವಹಣೆ
- ಅತಿಯಾಗಿ ತಿನ್ನುವುದು
- ಹವ್ಯಾಸಗಳನ್ನು ಬೆಳೆಸಿಕೊಳ್ಳುವುದು

7) ಮುಟ್ಟು ನಿಲ್ಲುವಿಕೆಯ ಅವಧಿಯಲ್ಲಿ ಮಹಿಳೆಯಲ್ಲಿ ಆಗುವ ಬದಲಾವಣೆಗಳು

- ಮುಂಗೂಪ, ವಿನ್ಯಾಸ,
- ಜ್ವರ, ಕೆಮ್ಮು ಹಾಗೂ ಹೊಟ್ಟೆ ನೋವು
- ಹೆಸಿಗೆಯಾಗುವುದು, ವಾಂತಿ, ಅಭಿಶಾಪ ಕಳೆದುಕೊಳ್ಳುವುದು
- ಏನು ಆಗಿದೆ ಇರುವುದು



4) ಗರ್ಭಾಶಯವನ್ನು ತೆಗೆದು ಹಾಕಿದ ನಂತರ ಹುಟ್ಟುಗುದ್ದಿರ:

- ಕ್ರಮಬದ್ಧ
- ಕೆಲವು ಮುಖ್ಯ (ಮುಖ್ಯ) ಅಂಗಗಳು
- ಅಂಗಗಳು
- ಮುಖ್ಯ ಅಂಗಗಳು

5) ಮುಖ್ಯ ನೋಡು ನಂತರ ಮಗು ಹುಟ್ಟಿದ ನಂತರ:

- ಕೆಲವು ಮುಖ್ಯ
- ಅಂಗಗಳು
- ಅಂಗವು ಅಂಗಗಳನ್ನು ಹೊಂದಿದೆ
- ಅಂಗವು ಅಂಗಗಳನ್ನು ಹೊಂದಿದೆ

6) ಮುಖ್ಯ ನಿಲುವಿಕೆಯು ಅವಧಿಯಲ್ಲಿ ಮಗು ನೋಡು ನಿಲುವು ಹಿರಿಯರನ್ನು  
ಮಾರ್ಗದರ್ಶನ/ಮಾಡುವಂತಿಲ್ಲ

- ನಿಲುವು ಮತ್ತು ತಂತ್ರಗಳು
- ನಿಲುವು ನಿರ್ವಹಣೆ
- ಅಂಗವು ನಿಲುವು
- ಮುಖ್ಯ ಮುಖ್ಯ ಮುಖ್ಯ

7) ಮುಖ್ಯ ಮುಖ್ಯ ಮುಖ್ಯ ಮುಖ್ಯ ಮುಖ್ಯ ಮುಖ್ಯ

- ಮುಖ್ಯ ಮುಖ್ಯ, ಮುಖ್ಯ
- ಮುಖ್ಯ, ಮುಖ್ಯ ಮುಖ್ಯ ಮುಖ್ಯ
- ಮುಖ್ಯ ಮುಖ್ಯ ಮುಖ್ಯ ಮುಖ್ಯ
- ಮುಖ್ಯ ಮುಖ್ಯ ಮುಖ್ಯ





8) ಮುಟ್ಟು ನಿಲ್ಲುವಿಕೆಯ ಹಂತದ ಅವಧಿಯ ಮೇಲೆ ಪೂರ್ಣ ನಿಲ್ಲುವ ಅಂಶಗಳನ್ನು ಈ ಕೆಳಕಂಡಂತೆ ಹೆಸರಿಸಲಾಗಿದೆ.

- ಉತುಮತಿಯ ವಯಸ್ಸು
- ಗರ್ಭಿಣಿಯ ಸಂಖ್ಯೆ
- ಶೂಕ
- ಎತ್ತರ

9) ಈ ಕೆಳಕಂಡಂತೆ ಹೆಸರಿಸಿದ ಯಾವಿಳಿಗಳು ಮುಟ್ಟು ನಿಲ್ಲುವಿಕೆಯ ನಂತರ ಬರಬಹುದು.

- ಕ್ಯಾನ್ಸರ್.
- ಮಾನಸಿಕ ಅಸ್ವಸ್ಥತೆ
- ಹೃದಯಾಘಾತ
- ಕಿಡ್ನಿ ವಿಫಲವಾಗುವುದು

10) ಮುಟ್ಟು ನಿಲ್ಲುವಿಕೆಯ ಅವಧಿಯಲ್ಲಿ ಮಹಿಳೆಯು ಈ ಕೆಳಗಿನವುಗಳನ್ನು ಪಡೆಯಲು ಪ್ರಯತ್ನಿಸುತ್ತಾಳೆ ಎಕೆಂದರೆ.

- ಒಳ್ಳೆಯ ಹೊಂದಾಣಿಕೆಗೆ ಸಹಾಯ ಮಾಡುತ್ತದೆ.
- ಸಕಾರಾತ್ಮಕ ಮನೋಭಾವನೆಯ ಬೆಳವಣಿಗೆಗೆ ಸಹಾಯ ಮಾಡುತ್ತದೆ.
- ಮಹಿಳೆಯು ಬೇರೆಯವರಿಗೆ ಸಹಾಯ ಮಾಡಬಹುದು
- ಮೇಲಿನ ಎಲ್ಲವುಗಳು

11) ನೀವು ಮುಟ್ಟು ನಿಲ್ಲುವಿಕೆಯನ್ನು ನೋಡುವ ರೀತಿ

- ಹೆಚ್ಚಿನ ಆರೋಗ್ಯ ಸಮಸ್ಯೆಗಳು
- ಜೀವನದಲ್ಲಿ ಹೆದರಿಕೆಯನ್ನೂಂಟು ಮಾಡುವ ಸ್ಥಿತಿ
- ದೇಹದ ಒಂದು ಸಾಮಾನ್ಯ ಪಕ್ಕಿಯ
- ಚಿಕಿತ್ಸೆ ಮಾಡಲಿಕ್ಕಾಗದ ಸ್ಥಿತಿ



12) ಈ ತರಹದ ಆಹಾರ ಗಟ್ಟಿಯಾಗಿ ಕಕ್ಕಿಸು ಹೊಗುವುದನ್ನು ತರಗಿಲು ಕಾಯಿಸಿ ಮಾಡುವುದು

- ಹಾರ ಮತ್ತು ಎಣ್ಣೆ ಪದಾರ್ಥಗಳಿಂದ
- ಟೀ ಹಾಗೂ ಕಾಫಿ
- ಹೆಚ್ಚಿನ ತರಕಾರಿಗಳು, ಹಣ್ಣುಗಳು ಮತ್ತು ಧವ ಪದಾರ್ಥಗಳಿಂದ
- ಉಪ್ಪುರಹಿತ ಆಹಾರ ಹಾಗೂ ಜಾತೂ, ಶುಣ್ಣು

13) ಮುಟ್ಟು ನಿಲ್ಲಿವಿಕೆ ಪ್ರಕ್ರಿಯೆಯು

- ಅನುಕ್ರಮವಾದ (ನಿಯಮಿತ)
- ತಕ್ಷಣ ಬರುವಂತದ್ದು
- ಹೆಚ್ಚಿನ ಅವಧಿ
- ತಾತ್ಕಾಲಿಕ ಅವಧಿ.

14) ಮುಟ್ಟು ನಿಲ್ಲುವ ಮಹಿಳೆಯ ಅನುಭವವುಳ್ಳ ಸಾಮಾನ್ಯ ಲಕ್ಷಣಗಳು

- ಹೊಟ್ಟೆ ನೋವು
- ಉಸಿರಾಟಕ್ಕೆ ತೊಂದರೆ
- ಮುಖ ಕೆಂಪಾಗುವುದು
- ಬಾಯಾರಿಕೆ ಹೆಚ್ಚಾಗುತ್ತದೆ.

15) ಮುಟ್ಟು ನಿಲ್ಲುವ ಅವಧಿಯಲ್ಲಿ ಈ ಕೆಳಕಂಡ ಅಂಗಾಂಗಗಳಲ್ಲಿ ಬದಲಾವಣೆಯಾಗುತ್ತವೆ.

- ಪಿತ್ತಜನಕಾಂಗ
- ಕಿಡ್ನಿ (ಮೂತ್ರ ಪಿಂಡಗಳು)
- ಹೃದಯ
- ಗರ್ಭಾಶಯ





16) ಮುಟ್ಟು ನಿಲ್ಲುವ ಅವಧಿಯಲ್ಲಿ ಸಿದ್ಧವಿರುವ ಪಾಠ್ಯದಲ್ಲಿ ಆಗುವ ಕೋವರಿಗಳು

- ಮುಖ ಕಂಪಾಗುವುದು ಹಾಗೂ ರಾತ್ರಿ ನಿದ್ರಿಸುವುದು
- ಸ್ತ್ರೀಯರ ಮಾಸಿಕ ಮುಟ್ಟು ಕಟ್ಟಾಗುವಿಕೆ
- ಹೊಟ್ಟೆಯಲ್ಲಿ ನೋವು
- ಮೇಲಿನ ಎಲ್ಲವುಗಳು

17) ಮುಟ್ಟು ನಿಲ್ಲುವಿಕೆಯಿಂದ ಆಗುವ ಲಕ್ಷಣಗಳು

- ದೇಹದ ತೂಕ ಹೆಚ್ಚಾಗುತ್ತದೆ.
- ಮರೆಯುವಿಕೆ
- ರಕ್ತಹೀನತೆ
- ಮೂತ್ರ ಹೋಗುವಲ್ಲಿ ತೊಂದರೆ

18) ಮುಟ್ಟು ನಿಲ್ಲುವ ಮಹಿಳೆಗೆ ಅನಿಸುವ ಅನಿಸಿಕೆಗಳು

- ಪಯಸ್ಸಾಗಿದೆಯೆಂದು ಅನಿಸುವುದು
- ಲೈಂಗಿಕ ಚಟುವಟಿಕೆ ಕಡಿಮೆಯಾಗುತ್ತದೆ
- ಸಂತಾನೋತ್ಪತ್ತಿ ಇಲ್ಲ
- ಮೇಲಿನ ಎಲ್ಲವುಗಳು

19) ಮುಟ್ಟು ನಿಲ್ಲುವ ಮಹಿಳೆಯು ಎದುರಿಸುವ ಆರೋಗ್ಯ ಸಮಸ್ಯೆಗಳು/ಒತ್ತಡಗಳು

- ಧನುರ್ವಾಯು
- ರಕ್ತಹೀನತೆ
- ಮೂಳೆಗೆ ಸಂಬಂಧಪಟ್ಟ ರೋಗಗಳು
- ಮನಃಶಂಚಲೆ



20) ಮುಟ್ಟು ನಿಲ್ಲುವ ಸಮಯದಲ್ಲಿ ಮೂತ್ರಭಾಗದ ಲಕ್ಷಣಗಳು

- ಮೂತ್ರದ ತೊಂದರೆ
- ಮೂತ್ರ ಹೋಗುವುದರಲ್ಲಿ ಅಡ್ಡ
- ಮತ್ತೆ ಮತ್ತೆ ಹೋಗುವುದು

21) ಮುಟ್ಟು ಹೋಗುವ ಸಮಯದಲ್ಲಿ ಮಹಿಳೆಯ ಯೋನಿಮಾರ್ಗದಲ್ಲಿ ಆಗುವ ಲಕ್ಷಣಗಳು

- ಯೋನಿಯು ಒಣಗಿದಂತೆ ಇರುವುದು
- ಯೋನಿ ಸ್ವಾಭಾವಿಕ
- ನಿಯಮಿತ ಯೋನಿಭಾಗದಲ್ಲಿ ಇನಿಪೆಂಕ್ಟ
- ಗರ್ಭಾಶಯ ಕೆಳಕ್ಕೆ ಜಾರುವುದು

22) ಸಾಮಾನ್ಯವಾಗಿ ಮುಟ್ಟು ನಿಲ್ಲುವ ಸಮಯದಲ್ಲಿ ಕಾಣಿಸಿಕೊಳ್ಳುವುದು

- ಮುಟ್ಟು ನಿಂತ ಒಂದು ವರ್ಷದಲ್ಲಿ
- ಮುಟ್ಟು ನಿಲ್ಲುವುದಕ್ಕಿಂತ ಒಂದು ವರ್ಷ ಮುಂಚೆ ಮತ್ತು 1 ವರ್ಷದ ನಂತರ
- ಮುಟ್ಟು ನಿಂತ ಎರಡು ವರ್ಷಗಳ ನಂತರ
- ಮುಟ್ಟು ನಿಲ್ಲುವುದಕ್ಕಿಂತ 2 ವರ್ಷಗಳು ಮುಂಚಿತವಾಗಿ

23) ಅದಷ್ಟು ಬೇಗನೆ ಅಥವಾ ಮುಂಚಾಗಿ ಕಾಣಿಸಿಕೊಳ್ಳುವ ಚಿಹ್ನೆ/ಲಕ್ಷಣಗಳಿಂದ ಮಹಿಳೆಯು

ಮುಟ್ಟು ನಿಲ್ಲುವ ಪ್ರಕ್ರಿಯೆಯನ್ನು ಅರಿತುಕೊಳ್ಳಬಹುದು

- ಅನಿರೀಕ್ಷಿತ/ಅವಧಿಗೊಂಡ
- ಆಕಸ್ಮಿಕವಾಗಿ ಮುಟ್ಟು ನಿಂತು ಹೋಗುವುದು
- ಹೆಚ್ಚಿನದಾಗಿ ಮುಟ್ಟು ಹೋಗುವುದು
- ಮೇಲಿನ ಎಲ್ಲವುಗಳು



24) ಮುಟ್ಟು ನಿಲ್ಲುವ ಅವಧಿಯನ್ನು ಉತ್ತಮಗೊಳಿಸಲು ಸಕಾರಾತ್ಮಕ ಅಭಾಸ ಮಾಡುವ

- ಮೂತ್ರ ಜನಕಾಂಗದ ಕಾರ್ಯಗಳು
- ಭಾವನಾತ್ಮಕ ಆರೋಗ್ಯ ಹಾಗೂ ಸ್ವಲ್ಪದೃಷ್ಟಿ ಸಂಬಂಧಿಸಿದ ಕಾರ್ಯಗಳು
- ಸ್ವಲ್ಪ ಜ್ವರದ ಕಾರ್ಯಗಳು
- ಪತ್ತಜನಕಾಂಗದ ಕಾರ್ಯಗಳು

25) ಮುಟ್ಟು ನಿಲ್ಲುವ ಸಮಯದಲ್ಲಿ ಗಾಯಗಳು ಸಾಮಾನ್ಯ ವಿಕೇಂದರ

- ಕ್ಯಾಲ್ಸಿಯಂನ್ನು ಕಡಿಮೆ ಮಾಡುವುದು
- ಸೋಡಿಯಂನ್ನು ಕಡಿಮೆ ಮಾಡುವುದು
- ಪೋಟಾಸಿಯಂ ಹೆಚ್ಚು ಮಾಡುವುದು
- ಕೋರ್ಟಿಕ್ ಹೆಚ್ಚು ಮಾಡುವುದು

26) ಮುಟ್ಟು ನಿಲ್ಲುವ ಅವಧಿಯಲ್ಲಿ ಕೋಪಗೊಳ್ಳುವುದನ್ನು ಕಡಿಮೆ ಮಾಡಲು ಈ ಕೆಳಗಿನ ಮಾಪನಗಳನ್ನು ಬಳಸಬಹುದು

- ಹಸಿರು ತರಕಾರಿಗಳನ್ನು ಸೇವಿಸುವುದು ಹಾಗೂ ಹೆಚ್ಚಿನದಾಗಿ ದ್ರವ ಪದಾರ್ಥಗಳನ್ನು ಬಳಸುವುದರಿಂದ
- ಕಡಿಮೆ ನೀರು ಕುಡಿಯುವುದು, ಖಾರ ಮತ್ತು ಎಣ್ಣೆ ಪದಾರ್ಥಗಳಿಂದ
- ದೀರ್ಘ ಉಸಿರಾಟವನ್ನು ತೆಗೆದುಕೊಳ್ಳುವುದು, ಯೋಗ, ಮೆಡಿಟೇಷನ್ ಅನ್ನು ಮಾಡುವುದು
- ಹೆಚ್ಚಿನ ಉಪವಾಸ ಹಾಗೂ ಮಂಜಾಬುಗಳ ನಿಯಂತ್ರಣ

27) ಮುಟ್ಟು ನಿಲ್ಲುವ ಸಮಯದಲ್ಲಿ ಮುಖ ಕೆಂಪೇರುವುದನ್ನು ನಿರ್ವಹಣೆ ಮಾಡಲು ಈ ಕೆಳಗಿನ ಅಂಶಗಳು ಸಹಾಯ ಮಾಡುತ್ತವೆ.

- ಪಾಲಿಸ್ಟರ್ ಬಟ್ಟೆಗಳನ್ನು ಬಳಸುವುದು
- ಕಾಟನ್ ಬಟ್ಟೆಗಳನ್ನು ಬಳಸುವುದು
- ಪುಲಿನ್ ಬಟ್ಟೆಗಳನ್ನು ಬಳಸುವುದು
- ರೇಷ್ಮೆ ಬಟ್ಟೆಗಳನ್ನು ಬಳಸುವುದು





28) ಈ ಕೆಳಗಿನ ಲಕ್ಷಣಗಳು ಕಾಣಿಸಿಕೊಂಡು, ಸಕ್ಕರೆಯು ಸಿಂಧು ಮತ್ತು ಲವಣಗಳಿಂದ

- ನಿರ್ದಿಷ್ಟವಾಗಿ/ವಾರಿರಬಹುದು
- ಬೆನ್ನುನೋವು
- ಮುಟ್ಟಿನಂತ ನಂತರ ಗಂಭೀರವಾದ ಲಕ್ಷಣವಾಗುತ್ತದೆ
- ಅರೆ ಕಳೆದುಕೊಳ್ಳುತ್ತದೆ

29) ಮುಟ್ಟು ನಿಂತ ನಂತರ ಪ್ರತಿಗತ ಜೀವನ

- ಸರ್ವೆ ಸಾಮಾನ್ಯ
- ಕೆಲವೊಂದು ಸಲ
- ಇಲ್ಲ
- ತಿಂಗಳಿಗೊಮ್ಮೆ

30) ಮುಟ್ಟು ನಿಂತ ನಂತರದ ಅವಧಿಯಲ್ಲಿ ಪ್ರತಿಗತ ಸಂಭೋಗದ ನೋವು ಕಡಿಮೆಯಾಗುವುದಕ್ಕೆ ಕಾರಣ

- ಈಸ್ಟ್ರೋಜನ್ ಪತನ ಬದಲಾವಣೆಯಿಂದ
- ಯೋಗಿ ಶ್ರೀಮನ್ನು ಉಪಯೋಗಿಸುವುದರಿಂದ
- ಆವಶ್ಯಕ ಪಥ್ಯಾನ್ವ
- ಮೇಲಿನ ಎಲ್ಲವುಗಳೂ

31) ಮುಟ್ಟು ನಿಲ್ಲದ ಅವಧಿಯಲ್ಲಿ ಈ ಕೆಳಗಿನವು ಬರುವ ಮೂಲ ತೊಂದರೆಗಳನ್ನು ಈ ಕೆಳಗಿನವುಗಳಿಂದ ತಡೆಯಬಹುದು

- ಹೆಚ್ಚಿನ ಕ್ಯಾಲ್ಸಿಯಂ ತೆಗೆದುಕೊಳ್ಳುವುದು
- ತೂಕ ಹೆಚ್ಚಾಗುವುದನ್ನು ಕಡಿಮೆ ಮಾಡುವುದು
- ಎಬಿಡು ಹಿ ಹಾಗೂ ಕ್ಯಾಲ್ಸಿಯಂ ತೆಗೆದುಕೊಳ್ಳುವುದು
- ಮೇಲಿನ ಎಲ್ಲವುಗಳೂ



32) ಮುಟ್ಟು ನಿಲ್ಲುವ ಅವಧಿಯಲ್ಲಿ ಈ ಕೆಳಗಿನ ಮಾಪನಗಳಿಂದ ಅತಂಕವನ್ನು ಕಡಿಮೆ ಮಾಡಬಹುದು

- ಹಿಂದಿನ ಅನುಭವವನ್ನು ಚರ್ಚೆ ಮಾಡುವುದರಿಂದ ಹಾಗೂ ಸಮಸ್ಯೆಗಳನ್ನು ಗುರುತಿಸುವುದರಿಂದ
- ಬದಲಾವಣೆಯಾದ ಸಕರಾತ್ಮಕ ವರ್ತನೆ/ನಡವಳಿಕೆಯನ್ನು ಬೇರೆಯವರೊಂದಿಗೆ ಚರ್ಚೆ ಮಾಡುವುದರಿಂದ
- ಸಂಬಂಧದಲ್ಲಿ ನಂಬಿಕೆಯಿಡುವುದು, ಸಮಸ್ಯೆಗಳನ್ನು ಬೇರೆಯವರೊಂದಿಗೆ ಚರ್ಚಿಸುವುದು
- ಮೇಲಿನ ಎಲ್ಲವುಗಳನ್ನು

33) ಮುಟ್ಟು ನಿಲ್ಲುವ ಅವಧಿಯಲ್ಲಿ ಬರುವ ದೈಹಿಕ ಸಮಸ್ಯೆಗಳನ್ನು ಸಾಮಾನ್ಯವಾಗಿ ಈ ಕೆಳಕಂಡ ವಿಧಾನಗಳಿಂದ ಮುಕ್ತಿಗೊಳಿಸುವುದು

- ಉಪವಾಸ ಮಾಡುವುದು
- ನೋವು ನಿವಾರಕ ಔಷಧಿಗಳು ಹಾಗೂ ಮಾತ್ರಗಳಿಂದ
- ವಿಶ್ರಾಂತಿ ಹಾಗೂ ನಿದ್ರೆಯಿಂದ
- ದೈಹಿಕ ವ್ಯಾಯಾಮ ಹಾಗೂ ನಿಯಮಿತ ಪಠ್ಯ

34) ಮುಟ್ಟು ನಿಲ್ಲುವ ಅವಧಿಯಲ್ಲಿ ಈ ಕೆಳಗಿನ ಮಾಪನಗಳು ಸಹಾಯ ಮಾಡುತ್ತವೆ ತೂಕ ಹೆಚ್ಚಾಗುವುದು ಹಾಗೂ ಕಡಿಮೆ ಮಾಡುವುದು

- ಎಣ್ಣೆ ಪದಾರ್ಥಗಳನ್ನು ಕಡಿಮೆ ಮಾಡುವುದರಿಂದ ಹಾಗೂ ದೈಹಿಕ ವ್ಯಾಯಾಮಗಳ ಪಠ್ಯ
- ಉಪವಾಸ ಕಡಿಮೆ ಮಾಡುವುದು ಹಾಗೂ ಸಣ್ಣ ಪ್ರಮಾಣದ ಆಹಾರ ಸೇವಿಸುವುದು
- ಕಡಿಮೆ ಉಪ್ಪು ಅಂಶದ ಆಹಾರ ಸೇವಿಸುವುದು ಕಾಫೀ ಮತ್ತು ಟೀಯನ್ನು ಸೇವಿಸುವುದು
- ಮನಸ್ಸನ್ನು ಬೇರೆ ಕಡೆಗೆ ವರ್ಗಾಯಿಸಲಾಗುವುದು ವಿಶ್ರಾಂತಿ ಹಾಗೂ ನಿದ್ರೆ





35) ಮುಟ್ಟು ನಿಲ್ಲುವ ಅವಧಿಯಲ್ಲಿ ಬರುವ ಬೆನ್ನಕೆ ರೋಗವನ್ನು ಈ ಕೆಳಕಂಡ ರೂಪಗಳಲ್ಲಿ  
ಮಾಡುವುದರಿಂದ ಹೊರಬರಬಹುದು

- ನಿದ್ರೆ ಹೆಚ್ಚು ಮಾಡುವುದು, ಆಹಾರ ಹೆಚ್ಚಾಗಿ ತಿನ್ನುವುದು
- ಯೋಗ, ಧ್ಯಾನ, ನಿಶ್ವಾಸ ಹಾಗೂ ಆಸನ ಮಾಡುವುದು
- ವೈಯಕ್ತಿಕ ಚಟುವಟಿಕೆಯನ್ನು ಹೆಚ್ಚಿಗೆ ಹಾಗೂ ನಿದ್ರೆ ಹೆಚ್ಚು ಮಾಡುವುದು
- ಆಹಾರದ ಪ್ರಮಾಣ ಹೆಚ್ಚು ಮಾಡುವುದು ಹಾಗೂ ದ್ರವ ಸಮರ್ಥಗಳನ್ನು ಹೆಚ್ಚಾಗಿ ಕುಡಿಯುವುದು



## Annexure -9

### ANSWER KEY

Question No.	Answer	Question No.	Answer
1	a	18	d
2	c	19	c
3	b	20	b
4	b	21	a
5	a	22	a
6	c	23	b
7	a	24	b
8	d	25	a
9	d	26	c
10	d	27	b
11	c	28	c
12	c	29	a
13	a	30	b
14	c	31	c
15	d	32	d
16	a	33	d
17	a	34	a
		35	b



## Annexure – 10

### List of villages under Mugalur Community Health Training Center

Selected for the study.

Sl.no	Name of the Villages
1.	Mugalur
2.	M.C Halli
3.	Kugur
4.	Thindlu
5.	Dodda Thimasandra
6.	R.G. Nagar





## Annexure – 11

### CERTIFICATE OF EDITING

This is to certify that the research work done by A. V Annaama (Sr.Josy), 2<sup>nd</sup> year M.Sc Nursing student of St.John's College of Nursing Bangalore. **"A study to assess the knowledge of women, regarding menopausal symptoms and its management in selected villages under Mugalur community health training centre, Bangalore with a view to prepare an information booklet"** has been edited by me.

She has to make ~~no~~ <sup>✓</sup> ~~few~~ ~~many~~ modifications before proceeding in her study.

Signature Maya Rajan  
H.A BEd

Name of editor: Mrs. Maya Rajan

Designation: Retired teacher of Bethany High School

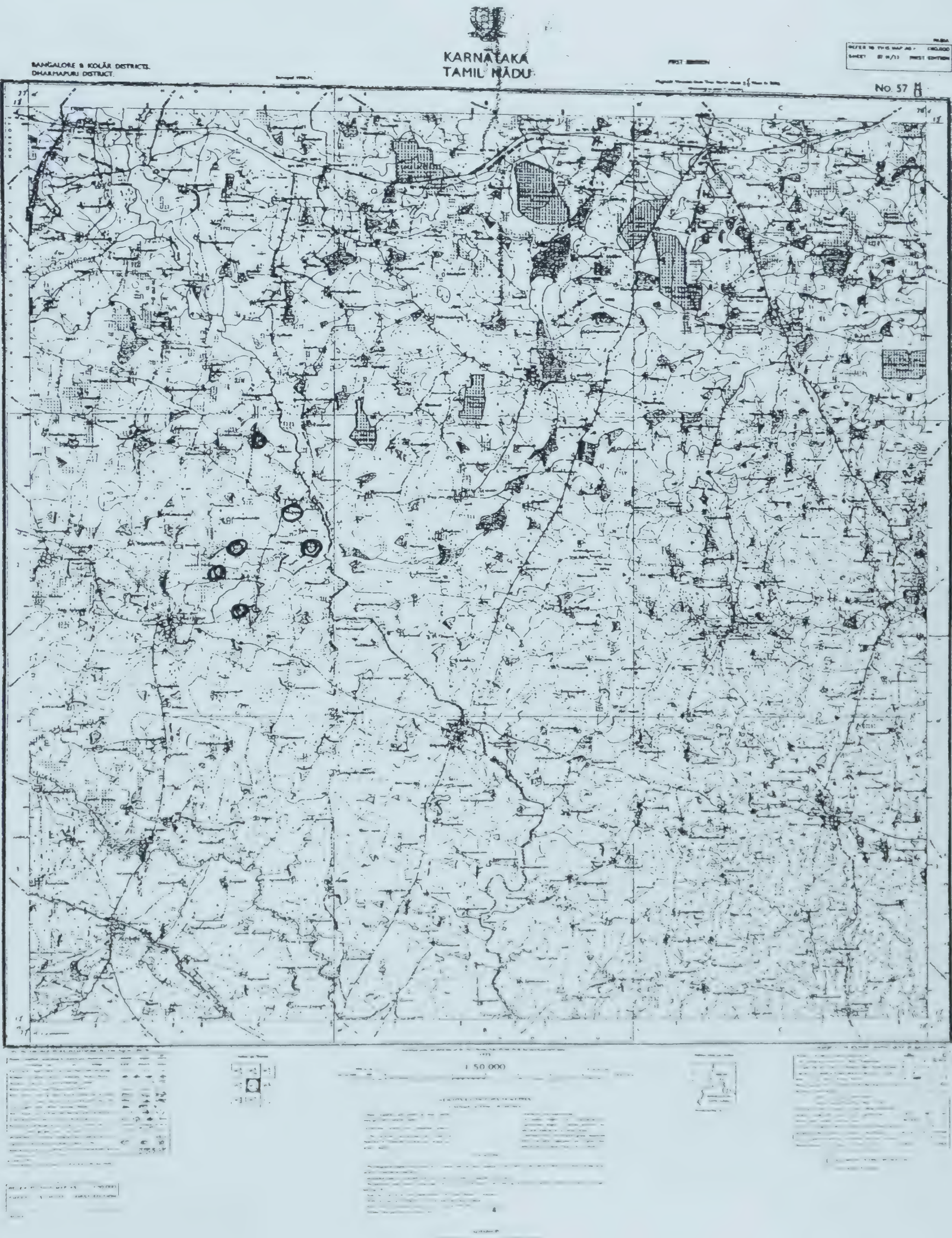
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Annexure-12

Are Map













ವಿಭಾಗ -13

ರಜೋನಿವೃತ್ತಿಗೊಳ್ಳುವ ಚಿಹ್ನೆಗಳು

ಮತ್ತು

ಅದರ ಚಿಕಿತ್ಸೆಯ ಬಗ್ಗೆ

ಕೈಪಿಡಿ ಅಥವಾ ಕಿರುಪುಸ್ತಕ





